

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6046 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Rural (Callaway)</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Rural ( ) 0920</b>	
c. LENGTH OF STAY (In this place) <b>15 years</b>		d. STREET ADDRESS (If rural, give location) <b>5 miles South of Wentzville, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 miles South of Wentzville</b>			

3. NAME OF DECEASED (Type or Print) <b>Charles</b>	a. (First) <b>Charles</b>	b. (Middle) <b>None</b>	c. (Last) <b>Simpson</b>	4. DATE OF DEATH <b>February 6, 1954</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>Colored Black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 17, 1894</b>	9. AGE (In years last birthday) <b>59</b>	10. UNDER 1 YEAR Months <b>10</b> Days <b>19</b>	11. UNDER 18 HRS. Hours <b>19</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stock Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elizebeth Johnson Wentzville, Mo.</b>	ADDRESS <b>Wentzville, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural Cause</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>7955</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Marion F. Saff</i>	(Degree or title) <b>Registrar</b>	23b. ADDRESS <b>Wentzville, Mo.</b>	23c. DATE SIGNED <b>7/6/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>February 10, 1954</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Hoepwell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles County, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 14 1954</b>	REGISTRAR'S SIGNATURE <i>Marion F. Saff</i>	408	25. FUNERAL DIRECTOR'S SIGNATURE <i>Morris M. Muechling</i>	ADDRESS <b>Wentzville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Howard O Kusler

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.