

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7670**  
Registrar's No. **53**

BIRTH NO. **ED MAR 20 1954** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5037**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain 0040</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico - SPAT RIVER</b>		c. LENGTH OF STAY (In this place) <b>10 MO</b>	c. CITY OR TOWN <b>Benton City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neill Rest Haven</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Margaret</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Simpson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 24, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>June 15, 1867</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>widow</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Callaway Co., Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John R. Kemp</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hoffmeister</b>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Olney Simpson, Benton City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>- Myocardial Infarction</b>		<b>Unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b> DUE TO (c) <b>Arteriosclerosis</b>		<b>Seven</b>
II. 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **March 1954**, to **January 19 57**, that I last saw the deceased alive on **January 24, 1954**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harriet S. Luff M.D.</b>	23b. ADDRESS <b>Superior Mo.</b>	23c. DATE SIGNED <b>3-25-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Callaway County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 25 1954</b>	REGISTRAR'S SIGNATURE <b>Blanche Keely</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ARNOLD FUNERAL Home - Mexico, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

10  
+

350

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.....  
Signature of Student Embalmer

Signed *Richard Y. Merlon*.....

Licensed Embalmer No. *482*.....

P. O. Address *Phoenix*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.