

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19396**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 72

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (In this place) 8 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City 0492			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) 710 N. Roane St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) Octa		b. (Middle) Lee		c. (Last) Simcox		4. DATE OF DEATH (Month) (Day) (Year) June 15, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1918		9. AGE (In years last birthday) 36	IF UNDER 1 YEAR 0 Days	IF UNDER 24 HRS. 9 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Omaha, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lewis R. Phillips		13b. MOTHER'S MAIDEN NAME Mattie Jones		14. NAME OF HUSBAND OR WIFE Perry Simcox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 500-05-5280		17. INFORMANT'S SIGNATURE OR NAME Perry Simcox ADDRESS 710 N. Roane St. Webb City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Shock caused by Acute Pulmonary Embolism					12 hrs	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-Hypertensive Phlebotrombosis					2 days	
	DUE TO (c) Menstruation					within	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 6/8/54		19b. MAJOR FINDINGS OF OPERATION Adhesions, Hydronephrosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from 6/5/54 , 19 54 , to 6-15 , 19 54 , that I last saw the deceased alive on 6-15 , 19 54 , and that death occurred at 4:25A m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) D.O.				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 6-15-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-18-54		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		24d. LOCATION (City, town, or county) (State) Joplin, Mo.	
DATE REC'D BY LOCAL REG. 6-18-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.			

RECEIVED JUN 21 1954
Jasper County Health Office
County File Number 54-6-477
Date Filed JUN 21 1954

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.