

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15027

State File No. _____

FILED MAY 31 1955

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Bronville</u>	c. LENGTH OF STAY (If in place) <u>2da.</u>	c. CITY OR TOWN <u>0270</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>7th South - Mo - BFD.</u>	

3. NAME OF DECEASED (Type or Print) <u>MARY LAVENIA SIMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-19-1955</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 12-1878</u>	9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>-</u>	11. DAYS <u>-</u>	12. HOURS <u>-</u>	13. MIN. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pepton - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>B. F. Boles</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth E. Boles</u>	14. NAME OF HUSBAND OR WIFE <u>C. O. Simpson</u>	ADDRESS <u>Nelson Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ruth Simpson</u>	ADDRESS <u>Nelson Mo</u>
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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 <u>± 30 minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>	DUE TO (b) <u>Hypertension - arteriosclerotic Heart Disease</u>		DUE TO (c) <u>± 5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	4200		

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) (Min.)	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 5-12-55, 1955, to 5-19-55, 1955, that I last saw the deceased alive on 5-18-55, 1955, and that death occurred at 5:19 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>	23b. ADDRESS <u>329 Main, Bronville</u>	23c. DATE SIGNED <u>5-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>May 21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salt Fork Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Nelson Mo - BFD.</u>
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DATE REC'D BY LOCAL REG. <u>5/21/55</u>	REGISTRAR'S SIGNATURE <u>Hooper</u>	3812	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter - Pilot Grove Mo.</u>	ADDRESS <u>Nelson Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

FEB 19 1959

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 *Pepton E. Hayes*.....

Licensed Embalmer No. *307*.....

P. O. Address *Pilot Grove*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.