

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Simpson 33971  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>571</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits give RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>6 mths</u>		c. CITY OR TOWN <u>Brookfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>331 E. Canal</u>				e. STREET ADDRESS (If rural, give location) <u>1019 Pettijohn 05870</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>LUCY</u> c. (Last) <u>BELL STIRLING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-31-1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar-2-1897</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of foreign Country) <u>Linn Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mrs. Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>M. K.</u>		13c. NAME OF HUSBAND OR WIFE <u>Floyd Stirling</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Stirling Brookfield Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis Agitans</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>350X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		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 <u>10-25-1955</u> , to <u>10-31-1955</u> , that I last saw the deceased alive on <u>10-31-1955</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.B. Simpson M.D.</u>				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>11-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeling Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-3-55</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	

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

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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 *J. H. Blacklock*

Licensed Embalmer No. *224*

P. O. Address *Brookfield*

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.