

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24261

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Novelty</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>Gibson Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0520</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVA</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>SIMPSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3, 1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar 23, 1927</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Novelty, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHESTER SIMPSON</u>			13b. MOTHER'S MAIDEN NAME <u>ALMA RHOADES</u>		14. NAME OF HUSBAND OR WIFE <u>Betty June Florea</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>23-562714</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alva Lee Simpson</u> ADDRESS <u>Novelty, 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>Cardiac embolism (fat)</u> INTERVAL BETWEEN ONSET AND DEATH <u>none</u> ANTECEDENT CAUSES DUE TO (b) <u>Orthopedic surgery</u> <u>1 hour</u> DUE TO (c) <u>Automobile wreck</u> <u>1 day</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>3 Aug 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fractured L. femur - fracture L. humerus</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>1 1/4 mi. E. Novelty, Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Novelty 052 Knox Mo</u>			
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? <u>Automobile accident</u>			
22. I hereby certify that I attended the deceased from <u>2 Aug, 1956</u> to <u>3 Aug, 1956</u> , that I last saw the deceased alive on <u>3 Aug, 1956</u> , and that death occurred at <u>3:50 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. Wright</u>				23b. ADDRESS <u>Novelty, Mo</u>		23c. DATE SIGNED <u>5 Aug 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6 Aug. '56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>2 1/2 M. N. E. Plevna, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 6 56</u>		REGISTRAR'S SIGNATURE <u>Helle A. Humolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ABG Riser Edina, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-46

1510

9
SEP 5 1956

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 *Mrs J. W. Hudson*.....

Licensed Embalmer No. *297*.....

P. O. Address ~~.....~~ *Ed*.....

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.