

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **29137**
Registrar's No. **6952**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 6 WKS.	c. CITY OR TOWN DeSoto
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
e. STREET ADDRESS (If rural, give location) 2 Mi N. OF VICTORIA Mo. ON HIGHWAY 100			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) SIMPSON		4. DATE OF DEATH (Month) (Day) (Year) JULY 23 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 12, 1892
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FT. SMITH ARK.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME UNK.		13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE HARRY SIMPSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) YES	17. INFORMANT'S SIGNATURE OR NAME HARRY SIMPSON DeSoto Mo. R.R.	
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) Renal Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urinary obstruction DUE TO (c) Carcinoma of Bladder II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 7/5/56		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a) 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 June 8, 1956 , to July 23, 1956 , that I last saw the deceased alive on July 2, 1956 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank G. Sprague M.D.		23b. ADDRESS 16 Hampton Village	23c. DATE SIGNED 7/26/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 27 1956	24c. NAME OF CEMETERY OR CREMATORY HILLSBORO CEM.	24d. LOCATION (City, town or county) (State) HILLSBORO Mo.
DATE REC'D BY LOCAL REG. JUL 27 1956	REGISTRAR'S SIGNATURE Charles Smith Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Samuel B. Dietrich DeSoto Mo.	

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 *Donnell B. Dietrich*.....

Licensed Embalmer No. *4104*.....

P. O. Address *Albany, N.Y.*.....

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.