

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **88536**

FILED DEC 11 1956

BIRTH NO. _____		REG. DIST. NO. <b>160</b>		PRIMARY REG. DIST. NO. <b>559</b>		Registrar's No. <b>113</b>	
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>HERCULANEUM</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>HERCULANEUM</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <b>DALEY SCHOOL ST. 05th</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOWARD</b>		b. (Middle) <b>LESTER</b>		c. (Last) <b>SIMPSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29 1956</b>	
5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH (Month) (Day) (Year) <b>Nov. 22, 1914</b>	
9. AGE (In years last birthday) <b>42</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>HERCULANEUM, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ALBERT B. SIMPSON</b>		13b. MOTHER'S MAIDEN NAME <b>GRACE WELLEY</b>		14. NAME OF HUSBAND OR WIFE <b>PATSY RAE SIMPSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN- 492-01-1166</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. PATSY RAE SIMPSON, HERCULANEUM, MO.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Reticulum cell Sarcoma right hip bone</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastasis to brain &amp; scalp</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>	
19a. DATE OF OPERATION _____		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) <b>2000</b>			
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 <b>July 1, 1956</b> , to <b>Nov 29, 1956</b> , that I last saw the deceased alive on <b>Nov 28, 1956</b> , and that death occurred at <b>10:40 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. P. Deen</b>				23b. ADDRESS <b>HERCULANEUM, MO.</b>		23c. DATE SIGNED <b>11/30/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/11/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ROSELANN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>11/30/56</b>		REGISTRAR'S SIGNATURE <b>John R. Stoltz</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James R. Cady - CRYSTAL CITY, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

50

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 4 1956

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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 *James Richard Cady*  
Licensed Embalmer No. *430*  
P. O. Address *Crystal C.*

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.