

STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

38161

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 9340

300
1-57

1. PLACE OF DEATH <i>Missouri Pacific Hospital St. Louis, Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>St. Louis</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Butler</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Poplar Bluff</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital - St. Louis, Missouri</i>		d. STREET ADDRESS (If outside, give location) <i>1101 Brady Street</i>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <i>John</i>	Middle <i>Colmer</i>	Last <i>Simpson</i>	Month <i>October</i>	Day <i>3</i>	Year <i>1957</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 6 1896</i>	9. AGE (In years last birthday) <i>61 years</i>	10. UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	11. IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
--------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cannery - Poplar Bluff</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Benton, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
--	--	-----------------------------------	--	---

13a. FATHER'S NAME <i>John R. Simpson</i>	13b. MOTHER'S MAIDEN NAME <i>Dickie McMullen</i>	14. NAME OF HUSBAND OR WIFE <i>Unavailable</i>
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <i>Yes WWI</i>	16. SOCIAL SECURITY NO. <i>702-18-1911</i>	17. INFORMANT <i>Mrs. John C. Simpson, Poplar Bluff, Mo.</i>	Address
--	---	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Emphysema</i>		<i>5 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <i>527.1</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour <i>5:00</i> a.m. <i>5:00</i> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	---	--	------------------------------	--------	-------

21. I attended the deceased from <i>Sept. 30/1957</i> to <i>October 3/1957</i> and last saw him alive on <i>October 3/1957</i> . Death occurred at <i>Poplar Bluff 5:00 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22. SIGNATURE (Degree or title) <i>Clement J. Sullivan M.D.</i>	22b. ADDRESS <i>Mrs. Pop. Emp. Hosp. Dean</i>	22c. DATE SIGNED <i>10-4-57</i>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-4-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Gardens</i>	23d. LOCATION (City, town, or county) (State) <i>Poplar Bluff, Mo.</i>
---	-----------------------------	---	---

24. FUNERAL DIRECTOR <i>Albert H. Hoppe, 4700 Washington Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 7 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>
---	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

1210

FEB 13 1958

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 *John S. Denne*
Licensed Embalmer No. *4194*
P. O. Address *St. Louis*

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.