

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-024901
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 65 Primary Registration District No. 4/13 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brunswick Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brunswick <u>02160</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Underwood Nursing Home Length of stay in 1b 2 1/2 yrs		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Orrie Frances Simpson First Middle Last			4. DATE OF DEATH Month 7 Day 14 Year 1958
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1874
9. AGE (In years last birthday) 84		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) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Fleming Co. Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME A. L. Cord	
14. MOTHER'S MAIDEN NAME Martha Rhoads		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT St. Louise, Mo. Forrist Simpson, 7511 Liberty City	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gangrene Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Hemorrhage DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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 April 5-58 to July 12-58 and last saw her alive on July 12-58 Death occurred at 8:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Fejer, D.O. (Degree or title)		22b. ADDRESS Brunswick, Mo.	
22c. DATE SIGNED July 15-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-16-58	
23c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cemetery		23d. LOCATION (City, town, or county) (State) Brunswick, Mo.	
24. FUNERAL DIRECTOR Heisel Funeral Home, Brunswick, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. July 16-1958	
26. REGISTRAR'S SIGNATURE M. Boone-Howie Smith		Deputy	

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,
Welfare
Public
Service

300
1-56

0210
4

56
0

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 *William R. Koc...*

Licensed Embalmer No. *47*

P. O. Address *Brunswick*

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.