Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-033664
STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 257 Primary Registration District No. 4390 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Meta — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Osage
c. CITY OR TOWN: Meta — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print): First: James — Middle: Luther — Last: Simpson

4. DATE OF DEATH: Month: Sept — Day: 28 — Year: 1958

5. SEX: Male — 6. COLOR OR RACE: White — 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: April 22, 1896 — 9. AGE (In years last birthday): 62 — 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): Mail carrier — 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Indiana — 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Martin Luther Simpson — 13b. MOTHER'S MAIDEN NAME: Martha Jane Jordan — 14. NAME OF HUSBAND OR WIFE: Norma Carson Simpson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None — 17. INFORMANT: Norma Simpson — Address: Meta Missouri

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

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201
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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated:

22a. SIGNATURE: Earl Morton — (Degree or title): Coroner — 22b. ADDRESS: Linn, Mo — 22c. DATE SIGNED: 9/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 9/30/1958 — 23c. NAME OF CEMETERY OR CREMATORY: Meta S.S. Cemetery — 23d. LOCATION (City, town, or county) (State): Meta, Mo

24. FUNERAL DIRECTOR: Walter L. Hedges — ADDRESS: Hedges Funeral Homes Inc Iberia, Mo — 25. DATE RECD. BY LOCAL REG.: Oct. 1 1958 — 26. REGISTRAR'S SIGNATURE: Mrs. T. A. Dubroueillot

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 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 Walter O. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Mo

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.