

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014741

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 49

FILED MAY 3 1961

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>McKinley Swap</u> | | c. CITY OR TOWN <u>Polk</u> | |
| Length of stay in 1b <u>70 years</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural McKinley</u> | | d. STREET ADDRESS (If outside, give location) <u>Rural - McKinley</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Alpheus</u> Last <u>Simpson</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-16-1885</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | | 11. BIRTHPLACE (City and state or country) <u>Polk County, U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Edward Simpson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Eliza Beem</u> | | 14. NAME OF HUSBAND OR WIFE <u>Stella Mae Simpson</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT <u>Jewell Barnes, Polk, Mo</u> Address _____ | |

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|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage (Massive)</u> | | |
| DUE TO (b) <u>arteriosclerosis + hypertension</u> | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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 _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Oct-60</u> to <u>Jan 27-61</u> and last saw <u>her</u> him alive on <u>Jan 27-61</u> Death occurred at <u>5:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|---|--------------------------|--|---|---------------------------------|
| 22a. SIGNATURE (Degree or title) <u>E.D. Smith M.D.</u> | | 22b. ADDRESS <u>Bolivar Mo</u> | | 22c. DATE SIGNED <u>4-25-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>4-28-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Wayne Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Polk County, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Chadwick J. Pitts - Bolivar</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-29-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Ralph Jordan per Jewell Jordan</u> | |

(Licensed Embalmer's Statement on Reverse Side)

AMENDED _____
 DATE AMENDED _____
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 ITEM NO. _____
 BY AFFIDAVIT OF _____

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 Larry R. Gilberg, Student Embalmer No. 628
working under my personal supervision.

Student Larry R. Gilberg Signed Chidney J. Pitts
Signature of Student Embalmer

Licensed Embalmer No. 4939

P. O. Address Bel. 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.