MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028267

STATE FILE NUMBER

AMENDED

FILED SEP 12 1961

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico
Length of stay in 1b days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Martinsburg
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS RFD (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First LAKE Middle HURON Last SIMPSON
4. DATE OF DEATH Month Sept Day 2, Year 1961.
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-16-78
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired
10b. KIND OF BUSINESS OR INDUSTRY Crops
11. BIRTHPLACE (City and state or country) Callaway Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Simpson
13b. MOTHER'S MAIDEN NAME Charlotte Mannen
14. NAME OF HUSBAND OR WIFE Annie Cox Simpson, Dec.
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 Address Mrs Edgar Hoover, Mexico, Mo

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) Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year
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. ☐ Yes ☐ No ☐ Unknown

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 7-18-1961, to Sept 2.1961 and last saw her him alive on 8.24-61
Death occurred at Sept 2 1961 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lawrence H. Cople (Degree or title) MD
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 9-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-4-61
23c. NAME OF CEMETERY OR CREMATORY Benton City Cemetery
23d. LOCATION (City, town, or county) (State) Benton City, Missouri

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home, Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Sept 4-1961
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Richard Y. McDonald

Licensed Embalmer No. 4823

P. O. Address Merrio Me

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.