

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032670

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 102

STATE FILE NUMBER

FILED OCT 16 1961

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <u>Howard</u>			a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		Length of stay in 1b <u>1 min.</u>	c. CITY OR TOWN <u>Fayette</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 <u>Home Oil Co.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Reynolds Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GERALD LEE SIMPSON</u>			4. DATE OF DEATH Month Day Year <u>Oct. 7, 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>9/26/34</u>	9. AGE (last birthday) <u>27</u>	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) <u>Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Oil Co.</u>	11. BIRTHPLACE (City and state or country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Robert Clark Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Reynolds</u>		14. NAME OF HUSBAND OR WIFE <u>Patsy Jane Collins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.2</u>			17. INFORMANT Address <u>Mrs G. L. Simpson Fayette, Mo</u>		
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>Gun Shot Wound of Chest</u>					<u>Immediate</u>
DUE TO (b) <u>Accidental</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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Playing with Gun</u>			
20c. TIME OF INJURY <u>5:00 p.m. Oct 7-1961</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X O Bed</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Fayette</u>		COUNTY <u>Howard</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>5:00 PM Oct 7-1961</u> and last saw him alive on <u>10-7-61</u> Death occurred at <u>5:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wm Bloom Jr. D. Coroner</u>			22b. ADDRESS <u>Fayette Mo</u>		22c. DATE SIGNED <u>10-12-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/9/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>
24. FUNERAL DIRECTOR <u>Raymond A. Cass</u>			ADDRESS <u>Fayette, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10-12-61</u>	26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 16 1961

OCT 19 1961

OCT 17 1961

NOV 2 1961

JUL 12 1962

**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,

~~by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Ralph A. Cass

Licensed Embalmer No. 3340

P. O. Address Jayette, 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.