

AUG 7

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25251

Do not use this space.

## 1. PLACE OF DEATH

(a) County Camden Registration District No. 119  
(b) Township Jackson Primary Registration District No. 5171 Registered No. \_\_\_\_\_  
(c) City Brunley (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. da. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

Charles Loyd Simpson  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Julesburg MO

FATHER 13. NAME Perry Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eugene MO

MOTHER 15. MAIDEN NAME Sarah C. Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Julesburg MO

17. INFORMANT (ADDRESS) Roger Simpson Brunley MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Flour Chapel 7/16/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hester Richmond MO

20. FILED July 20 1939 Max W. Clarke Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939 to July 15 1939

I last saw him alive on 7/14 1939 Death is said to have occurred on the date stated above, at 2:52 pm

The principal cause of death and related causes of importance were as follows:

Endarteritis Obliterans  
right leg.  
left leg.  
(Idiopathic) 11/10  
Date of onset 1/15/39  
7/12/39

Other contributory causes of importance: Severe case of influenza 1929

Name of operation amputation of leg Date of 1/29/39

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Morton D. Jones, M.D.

(Address) Brunley, Mo.

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT

DATE 5/1/79

**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.....

Not Embalmed  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed AB Lopez

Licensed Embalmer No. 3198

P. O. Address Rehunk 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 this body is not embalmed, above space should be left blank.**