

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5807 Registrar's No. 6

0690

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY <u>Monroe</u> | | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Monroe</u> | |
| b. CITY OR TOWN <u>Charcoal - Union</u> | c. LENGTH OF STAY (in this place) <u>0.5</u> | c. CITY (if outside corporate limits, write RURAL and give township) <u>Rural - Union</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence, Madison, Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>Madison, Mo., R.R. 2.</u> | |

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| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>JOHN - SAMUEL SIMPSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN - 31 - 1950</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>Aug 6 - 1880</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR 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>X farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Samuel Simpson</u> | 13b. MOTHER'S MAIDEN NAME <u>Lois Ann Walden</u> | 14. NAME OF HUSBAND OR WIFE <u>Lelia Simpson</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Simpson - Madison, Mo.</u> |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the urinary bladder</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>N.I.C.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 8-6-, 1947, to Jan 31, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 4:00 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>F. A. Barnett M.D.</u> (Degree or title) | 23b. ADDRESS <u>Paris, Mo.</u> | 23c. DATE SIGNED <u>2-2-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>Feb 2 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Central</u> | 24d. LOCATION (City, town, or county) (State) <u>Central Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>2-3-50</u> | REGISTRAR'S SIGNATURE <u>F. A. Barnett</u> | 430 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Central Mo</u> |
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RECEIVED FEB 6 1950
District Health Officer No. 10
District File Number 220-2
Date Filed FEB 6 1950

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
Student Embalmer

Signed *Henry J. ...*

Licensed Embalmer No. *4370*

P. O. Address *Centratig 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, fact should be so stated above.