S. No. 300
10.48

0720

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1862

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lilbourn
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lilbourn 0720
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lenora
b. (Middle): Josephine
c. (Last): Simpson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 18 1868
9. AGE (In years last birthday): 81 — If under 1 year: Months 11, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Madrid Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Rice
13b. MOTHER'S MAIDEN NAME: Lenora Glass
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Lewis Stone Lilbourn, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metabolic Irregulation — INTERVAL BETWEEN ONSET AND DEATH: Dont Know

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocardial Hypertension — Dont Know
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 410X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1949, *to* Jan. 24, 1950, *that I last saw the deceased alive on* Jan 24, 1950, *and that death occurred at* 9:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald M. Ramsey MD
23b. ADDRESS: Marston Mo
23c. DATE SIGNED: Jan 26-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26 1950
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Sikeston, Missouri.

DATE REC'D BY LOCAL REG.: Jan 26 1950
REGISTRAR'S SIGNATURE: H. L. Ponder Deputy 218
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ponder Funeral Home Lilbourn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 6 1950
District Health Office No. 2
District File Number 250-16
Date Filed _____

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.

Signed Homer L. Ponder

Signed _____
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.