

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3822

0076  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 7 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Amoret, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Amoret, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>W</b> c. (Last) <b>Simpson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 8 - 1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-10-1878</b>
9. AGE (In years, last birthday) <b>71</b>		10. MONTHS <b>10</b>	11. DAYS <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Springfield, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Sylvester Simpson</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary E. Reynolds</b>		14. NAME OF HUSBAND OR WIFE <b>Eva L. Simpson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Eva L. Simpson</b>		ADDRESS <b>Amoret, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic lobar pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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) (m.)		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 <b>July 11, 1941</b> , to <b>2-8-50</b> , 19____, that I last saw the deceased alive on <b>2-8-50</b> , 19____, and that death occurred at <b>5 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. Schuber</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Amoret Missouri</b>	
23c. DATE SIGNED <b>2-11-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2-11-1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Benjamin</b>		24d. LOCATION (City, town, or county) (State) <b>Bates Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 27-1950</b>		REGISTRAR'S SIGNATURE <b>Kendall Kuy</b> 17	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Archer-Mangold</b>		ADDRESS <b>Amsterdam, Mo.</b>	

RECEIVED

District Health Officer No. 7,

District File Number 2-50-169

Date Filed 3-6-50

---

---

**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 L. A. Mangold

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.