

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5456

BIRTH NO. _____ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY <i>Miller</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miller</i> d. STATE <i>IA</i>	
b. CITY OR TOWN <i>Uman</i>		c. CITY OR TOWN <i>Uman</i>	
c. LENGTH OF STAY (in this place) <i>1 1/2 mo</i>		d. STREET ADDRESS (If rural, give location) <i>Route 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Even Simpson Bone Ranch</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Lorenzo</i>	b. (Middle) <i>DeWitt</i>	c. (Last) <i>Simpson</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 29 1950</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 29-1868</i>	9. AGE (in years last birthday) <i>81</i>	IF UNDER 1 YEAR Months <i>9</i>	IF UNDER 1 WEEK Days Hours Min.
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10a. USUAL OCCUPATION (If deceased was retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>	11. BIRTHPLACE (State or foreign country) <i>Miller County Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Calvin Simpson</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Laura Byler Simpson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Jean Simpson</i> ADDRESS <i>as above</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>4227</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Senility</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from *Jan. 29*, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *4:30 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Walter P. Nedger</i> (Degree or title) <i>Coroner</i>	23b. ADDRESS <i>Theria Missouri</i>	23c. DATE SIGNED <i>1/30/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 31-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Roach Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Camden Co Mo</i>
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DATE REC'D BY LOCAL REG. <i>Feb 10, 1950</i>	REGISTRAR'S SIGNATURE <i>Mrs. C. R. Hawkins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Banksen-Woolery</i> ADDRESS <i>Camden Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

660

District File Number _____
District Health Officer No. 9,
RECEIVED FEB 25 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

Philip Banks Woolery

Licensed Embalmer No. 2488

P. O. Address

Camden, N. J.

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.