

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17325**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **283** PRIMARY REG. DIST. NO. **3037** Registrar's No. **340**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt Vernon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt Vernon</b> <b>0551</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 324 West South St.</b>		d. STREET ADDRESS (If rural, give location) <b>324 West South St</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Forrest</b> b. (Middle) <b>Livingston</b> c. (Last) <b>SIMPSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 2 1950</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 27-1909</b>
9. AGE (In years last birthday) <b>44</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Merchant</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph Mo</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Carmie Lincoln Simpson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Jane Brew</b>	14. NAME OF HUSBAND OR WIFE <b>Naomi Simpson</b>
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. <b>491-14-1481</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Naomi Simpson</b> ADDRESS <b>Mt Vernon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Over 7 yrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cor Pulmonale</b> <b>Tuberc. pul. tuber. lobis</b>			" " "
DUE TO (c) <b>Uremia</b>			" 12 "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			" 2 Mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>002X</b>			
22. I hereby certify that I attended the deceased from <b>Sept 1937</b> , to <b>June 2, 1950</b> , that I last saw the deceased alive on <b>June 2, 1950</b> , and that death occurred at <b>7:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. A. Brasler M.D.</b>		23b. ADDRESS <b>Mt Vernon, Missouri</b>	
23c. DATE SIGNED <b>6-5-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 5-1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>White Oak Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jebanore Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 6, 1950</b>		REGISTRAR'S SIGNATURE <b>411 Cecil Handricks</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Max L. Fossett</b>		ADDRESS <b>Mt Vernon, Mo.</b>	

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

JUL 19 1950

RECEIVED JUN 7 1950

District Health Office No. 6,

District File Number 650-655

Date Filed 6-7-50

JUL 2 1950  
AUG 2 1950

MAR 19 1956

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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.