

S. No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38398**

FILED DEC 7 1951

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Pike			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Pike		
b. CITY OR TOWN Louisiana		c. LENGTH OF STAY (in this place) 2 d	c. CITY OR TOWN Clarksville		d. STREET ADDRESS (If rural, give location) 10830
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hosp			d. STREET ADDRESS (If rural, give location) 0		

3. NAME OF DECEASED (Type or Print) a. (First) Champ b. (Middle) Clark c. (Last) SIMPSON			4. DATE OF DEATH (Month) (Day) (Year) Nov 25 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1		9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 6 Days 13 IF UNDER 1 HR. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Clarksville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Charley Simpson		13b. MOTHER'S MAIDEN NAME Sarah G Brunk	14. NAME OF HUSBAND OR WIFE Mary Simpson		
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. 498-18-2753	17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS _____		

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

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)		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 **6-12, 1951**, to **11-21, 1951**, that I last saw the deceased alive on **11-21, 1951**, and that death occurred at **5:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Hooper MD. (Degree or title)		23b. ADDRESS Clarksville, Mo.		23c. DATE SIGNED 11-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov 23 1951	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Clarksville, Mo		

DATE REC'D BY LOCAL REG. Nov-23, 1951	REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE Narry Carroll ADDRESS Clarksville Mo		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0820

Date Received: DEC 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-22-
Date Filed: DEC 5 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Geo. M. Callier*

Signed.....
Student Embalmer

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, 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.