

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8335**
Registrar's No. **313**

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5463**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give town or township) RURAL 1ST. JACKSON		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 1400 SHERMAN 0390 D	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.S. HIGHWAY 65 - 1/2 MILE WEST FAIR GROVE			

3. NAME OF DECEASED (Type or Print) a. (First) BRYAN b. (Middle) ELMER c. (Last) SIMPSON	4. DATE OF DEATH (Month) (Day) (Year) MARCH 25, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 18 JULY 1907	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY Poultry Supply	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM SIMPSON	13b. MOTHER'S MAIDEN NAME LUCY COPELAND	14. NAME OF HUSBAND OR WIFE DIVORCED
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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. 491-05-3547	17. INFORMANT'S SIGNATURE OR NAME EARL MEAD	ADDRESS ELKLAND, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH INSTANT
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SKULL FRACTURE		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8124 25			

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) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. HIGHWAY 65	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEAR FAIR GROVE, GREENE, MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MARCH 25, 1954 1:00 A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? STRUCK BY AUTOMOBILE
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22. I hereby certify that I attended the deceased from 10 to 10, 1954, that I last saw the deceased alive on 19 and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE E. Allen Pickens Coroner	23b. ADDRESS MEDICAL ARTS BLDG. SPRINGFIELD, MISSOURI	23c. DATE SIGNED 3-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-29-54	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO
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DATE REC'D BY LOCAL REG. 3-29-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE J. Klingner & Co.	ADDRESS Springfield, Mo.
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(Licensed Embalmer - Statement on Reverse Side)

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

MAY 7 1954

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.....
Signature of Student Embalmer

Signed *Ogle Stone Jr.*.....

Licensed Embalmer No. *417*.....

P. O. Address *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.