

STANDARD CERTIFICATE OF DEATH

State File No. 3800

10.48

FILED APR 2 1954

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4437 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY St. Clair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Lowry City		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City		0930			
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Lee c. (Last) Simpson			4. DATE OF DEATH (Month) (Day) (Year) Mar: 16, 1954					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 3/22/1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 MIN. Hours	IF UNDER 12 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining	11. BIRTHPLACE (State or foreign country) Calhoun Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William O. Simpson		13b. MOTHER'S MAIDEN NAME Maggie L. Hoover		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Matlock, Lowry City Mo.					
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) <u>Apoplexy sudden</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Myocarditis History</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 1948, to 3-16, 1954, that I last saw the deceased alive on 3-16, 1954, and that death occurred at 5P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. B. Seever			23b. ADDRESS Lowry City, Mo.		23c. DATE SIGNED 3/18/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/18/54	24c. NAME OF CEMETERY OR CREMATORY Lowry City	24d. LOCATION (City, town, or county) (State) Lowry City Missouri					
DATE REC'D BY LOCAL REG. 3-18-54	REGISTRAR'S SIGNATURE J. B. Seever		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Seever		ADDRESS Lowry City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.