

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11027

BIRTH NO. FILED APR 7 1954		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 4536		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <i>Washington</i>				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>			
b. CITY (If outside corporate limits, give RURAL and give town) <i>Potosi</i>		c. LENGTH OF STAY (In this place) <i>17 yrs.</i>		c. CITY OR TOWN <i>Potosi</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <i>1100</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Virginia</i>		b. (Middle) <i>Simpson</i>		c. (Last)	
4. DATE OF DEATH		(Month) <i>March</i>		(Day) <i>31</i>		(Year) <i>1954</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH	
9a. AGE (In years last birthday) <i>90</i>		IF UNDER 1 YEAR Months <i>1</i> Days <i>21</i>		IF UNDER 1 YEAR Hours <i></i> Mins. <i></i>		9. DATE OF BIRTH <i>Feb. 10 1864</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Boling Green Ky.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
13a. FATHER'S NAME <i>William Douglas</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Alford</i>		14. NAME OF HUSBAND OR WIFE <i>William Simpson Potosi Mo.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT'S SIGNATURE OR NAME <i>William Simpson Potosi Mo.</i>			
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) <i>Senility</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 mo.</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>with senile dementia</i>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>794 X</i>				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 <i>June 1, 1953</i> , to <i>March 31, 1954</i> , that I last saw the deceased alive on <i>Mar. 30, 1954</i> , and that death occurred at <i>4:15 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Joseph L. Thurman, M.D.</i>				23b. ADDRESS <i>Potosi, Mo.</i>		23c. DATE SIGNED <i>4-2-1954</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-2-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Macon Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Potosi Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4/5/54</i>		REGISTRAR'S SIGNATURE <i>403- [Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Spahr Potosi Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 6 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Murphy J. Sparks*

Licensed Embalmer No. *4236*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.