

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22388**

| | | | | | | | | | |
|--|--|---|--|--|---|---|-----------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 55 | | PRIMARY REG. DIST. NO. 5798 | | Registrar's No. 197 | | | |
| 1. PLACE OF DEATH a. COUNTY Carroll | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution). a. STATE Mo. b. COUNTY Carroll | | | | | |
| b. CITY, OR TOWN Rural - Trotter Twp. | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Carrollton | | 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 7 mi. W. of Carrollton | | | | e. STREET ADDRESS (If rural, give location) 615 N. Main | | | | | |
| 3. NAME OF DECEASED (Type or Print) ELMER E. SIMPSON | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH July 21 1954 | | | | Month | | Day | | Year | |
| 5. SEX Male | | 6. COLOR OF RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | | 8. DATE OF BIRTH Apr. 25, 1872 | | 9. AGE (In years last birthday) 82 | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Charles Simpson | | | 13b. MOTHER'S MAIDEN NAME Anna Kauffman | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) no | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Harper ADDRESS Carrollton 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) hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 444X | | | | | | 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 7-21 1954 m. | | 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 March, 1954 , to July 21, 1954 , that I last saw the deceased alive on May 15, 1954 , and that death occurred at 1:45 m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) William S. Clewood M.D. | | | | 23b. ADDRESS Carrollton Mo | | 23c. DATE SIGNED 7/21/54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-23 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem. | | 24d. LOCATION (City, town, or county) (State) Carrollton Mo | | | |
| DATE REC'D BY LOCAL REG. JUL 26 1954 | | REGISTRAR'S SIGNATURE Walter H. Bridget | | 25. FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson | | ADDRESS Carrollton Mo | | | |

AUG 11 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.....
Signature of Student Embalmer

Signed *Ben W. Gibson*

Licensed Embalmer No. *7961*

P. O. Address *Carrollton*

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.