

No. 300  
10.48

FILED NOV 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36215

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>25 Minutes</u>	c. CITY OR TOWN <u>Sikeston</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 4</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emma</u>	b. (Middle) <u>-----</u>	c. (Last) <u>Simpson</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>10 28 1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-27-1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Dickerson</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Smith</u>	14. NAME OF HUSBAND OR WIFE <u>William B. Simpson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adoline Marshall, Sikeston, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	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. <u>Diabetes Mellitus</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 10/24, 1954 to 10/28, 1954, that I last saw the deceased alive on 10/28, 1954, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Shannon C. McClure MD</u> (Degree or title)	23b. ADDRESS <u>Sikeston, Missouri</u>	23c. DATE SIGNED <u>11-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE CO MO</u>
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DATE REC'D BY LOCAL REG. <u>11-1-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clara Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home Sikeston Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 8 1954

DATE RECEIVED \_\_\_\_\_

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1154-226

JUL 14 1955

NOV 12 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 Raymond S. Crews

Licensed Embalmer No. 340

P. O. Address Shelton

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.