

No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36991

FILED NOV 22 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 1

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY OR TOWN <u>Washington</u> | | c. CITY OR TOWN <u>Union</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) <u>R. R. 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Gustav</u> | b. (Middle) <u>F.</u> | c. (Last) <u>Simpson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>17</u> <u>1954</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 22 1878</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>25</u> | IF UNDER 24 HRS. Hours <u></u> Mts. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Machinist</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>New Jersey</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Don't Know</u> | 13b. MOTHER'S MAIDEN NAME <u>Don't Know</u> | 14. NAME OF HUSBAND OR WIFE <u>Amanda Simpson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | 16. SOCIAL SECURITY NO. <u>Spanish American</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Amanda Simpson</u> | ADDRESS <u>Union, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack</u> | | 10-yr. not determined |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u> DUE TO (c) <u>arterio sclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | 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 Nov 8, 1945, to Nov 17, 1954, that I last saw the deceased alive on Nov 17, 1954, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. M. Munch</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>305 S. Olive Washington</u> | 23c. DATE SIGNED <u>11-17-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-19-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u> | 24d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>11/17/54</u> | REGISTRAR'S SIGNATURE <u>F. P. Heidman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Ollmann</u> | ADDRESS <u>Union, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1957

DEC 7 1957

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..... *E. H. Ottmann*

Licensed Embalmer No. *1686*

P. O. Address... *Union, ?*

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.