

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4583

State File No.

FILED MAR 15 1955

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u> <u>4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, give RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>6 mo</u>		c. CITY OR TOWN <u>Galt</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>				f. STREET ADDRESS (If rural, give location) <u>0400</u>			
3. NAME OF DECEASED (Type or Print) <u>MATTIE IRENE SIMPSON</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept 14 1875</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jerome Langundy</u>			13b. MOTHER'S MAIDEN NAME <u>Linda Nichol</u>		14. NAME OF HUSBAND OR WIFE <u>Wan Simpson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>J. J. Simpson</u>		ADDRESS <u>Galt Mo</u>	
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>Cranial Heart disease (mitral regurgitation)</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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410X</u>					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 <u>1-1-1955</u> , to <u>3-2-1955</u> , that I last saw the deceased alive on <u>9-1-1955</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>U. C. Weston M.D.</u>				23b. ADDRESS <u>Galt Mo</u>		23c. DATE SIGNED <u>3-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rural Val Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-4-1955</u>		REGISTRAR'S SIGNATURE <u>Jane Jari 115-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PA Payne Son Galt Mo</u>			

(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.....
Signature of Student Embalmer

Signed *PK Payne Jr*.....

Licensed Embalmer No. *340*.....

P. O. Address *Galt*.....

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.