

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1632**

FILED JAN 19 1956

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Weeks		e. STREET ADDRESS (If rural, give location) 1 Mile N. of Oronogo, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) V c. (Last) Simpson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-27-1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 2 Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mt. View, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Smelser	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lewis A. Simpson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lewis A. Simpson	ADDRESS Rt. 1, Oronogo, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Several months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerosis, Hypertension		
	ANTECEDENT CAUSES Cardio-vascular disease decomposed 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. None		443x	

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) m.	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 **Dec 20, 1955**, to **Jan 2, 1956**, that I last saw the deceased alive on **Jan 2, 1956** and that death occurred at **6:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. K. Weeman M.D.	23b. ADDRESS Trisco Bldg. Joplin, Mo.	23c. DATE SIGNED 1/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-6-56	24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery	24d. LOCATION (City, town, or county) (State) N. of Webb City, Mo.
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DATE REC'D BY LOCAL REG. 1-9-56	REGISTRAR'S SIGNATURE Red S. James '38	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson, Webb City, Mo.	ADDRESS Mortuary
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 16 1956
Jasper County Health Office
County File Number 56-1-113
Date Filed JAN 16 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 *Harvey E. Orace*.....
Licensed Embalmer No. 446

P. O. Address *W.H. City*.....

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.