

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1800

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 19

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

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1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon -</u>		c. CITY OR TOWN <u>Buffalo</u>	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) <u>3 months</u>		e. STREET ADDRESS (If rural, give location) <u>Star Route (East) 0000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knob Rest Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MURREL</u>	b. (Middle) <u>PORTER</u>	c. (Last) <u>SIMPSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1956</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>Jan. 24, 1902</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Elwood, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Russell Simpson</u>	13b. MOTHER'S MAIDEN NAME <u>Alice May Porter</u>	14. NAME OF HUSBAND OR WIFE <u>VERA Simpson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VERA Simpson</u>	ADDRESS <u>Buffalo, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Paralytic Stroke</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u>  <u>30 Min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 12-19-, 1955, to 2-6-, 1956, that I last saw the deceased alive on 2-6-, 1956 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bohrer</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>LEBANON Mo</u>	23c. DATE SIGNED <u>2-8-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chester, Neb.</u>	24d. LOCATION (City, town, or county) (State) <u>Chester, Neb.</u>
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DATE REC'D BY LOCAL REG. <u>2-6-1956</u>	REGISTRAR'S SIGNATURE <u>Mella S. Gray</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE <u>L.B. Jones</u>	ADDRESS <u>Buffalo, Mo.</u>
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FEB 17 1956

MAR 27 1956

MS DEC 27 1956

Received 2-11-56  
Laclede County Health Unit  
File No. 19  
Date Filed 2-11-56

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 Leonard Q. Jones  
Licensed Embalmer No. 250

P. O. Address Buffalo

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.