No. 300
10.48

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8398

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5461 Registrar's No. 309

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

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington Twp. Rogersville Rural R#2
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rogersville, RR#2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN Rogersville 6390
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Washington Twp. RR#2

3. NAME OF DECEASED (Type or Print)
a. (First) Turner
b. (Middle) Lafatte
c. (Last) Simpson

4. DATE OF DEATH (Month) (Day) (Year) March 29, 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 7, 1883
9. AGE (In years last birthday) 73 — 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) Contractor
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (City and State or Foreign Country) Blytheville, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Simpson
13b. MOTHER'S MAIDEN NAME Rebecca Davis
14. NAME OF ~~HUSBAND~~ OR WIFE Essie May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 431-05-8366
17. INFORMANT'S SIGNATURE OR NAME Ann McCowan, Rogersville, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident thrombosis, hemiplegia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized severe — yes ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1. Aneurysm of descending aorta (thoracic) — known 6 months
2. Bronchiectasis
3. ~~Hypertension, arterial~~
4. Hypertrophy, left ventricle 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Oct, 1957, *to* 29 Mar, 1957, *that I last saw the deceased alive on* 29 Mar, 1957, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J D Roper MD
23b. ADDRESS Ozark, Mo
23c. DATE SIGNED 30 Mar 57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-1-57
24c. NAME OF CEMETERY OR CREMATORY Elm Wood Cem.
24d. LOCATION (City, town, or county) (State) Blytheville Arkansas

DATE REC'D BY LOCAL REG. 4-4-57
REGISTRAR'S SIGNATURE Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Terrell ADDRESS Rogersville Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. R. Ferrell

Licensed Embalmer No. 4920

P. O. Address Rogersville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.