

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14117

STATE FILE NUMBER

FILED APR 23 1957

Registration District No. 255 Primary Registration District No. 5874 Registrar's No. 8

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King Township <i>Alton</i>		c. CITY OR TOWN <i>Alton</i> King Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Ray Simpson		4. DATE OF DEATH Month Day Year April 12, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1896
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9. AGE (In years last birthday) 60	
10. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Oregon County, Missouri	
13. FATHER'S NAME Dock Simpson		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME Arthula King		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes World War I	
16. SOCIAL SECURITY NO. Yes		17. INFORMANT Address Lena A. Simpson, Fremont, Missouri, St. R.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Circulatory Failure</i> DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>arterial Hypertension</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i> <i>3 yrs</i> <i>6 yrs</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>12-24-51</i> to <i>4-11-57</i> and last saw ^{her} him alive on <i>4-5-57</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank Bucinski, D.O.</i>		22b. ADDRESS <i>Van Buren Mo.</i>	
22c. DATE SIGNED <i>4-16-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE 4-14-1957	
23c. NAME OF CEMETERY OR CREMATORY <i>Wilderness Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Wilderness, Missouri</i>	
24. FUNERAL DIRECTOR <i>Leland Carter</i> ADDRESS <i>Mo</i>		25. DATE RECD. BY LOCAL REG. <i>4/20/57</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs W.C. Johnson</i>			

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1957
APR 26 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 *Richard Carter*.....

Licensed Embalmer No. 457

P. O. Address *Thayer, Mo.*

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.