THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018966
STATE FILE NUMBER

FILED JUNE 5 1958 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Macon — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Samaritan Hosp. — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Shelby
c. CITY OR TOWN: Hagars Grove 1020 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): ------- — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First / Middle / Last: Franklin Pierce Simpson
4. DATE OF DEATH: Month / Day / Year: 5-13-1958

5. SEX: Male 1
6. COLOR OR RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Oct. 1, 1875
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 7, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Lemuel Simpson
13b. MOTHER'S MAIDEN NAME: Eliza E. Shields
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT: Mrs. Dora Allen — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Lobar pneumonia	96h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Uremia	1 wk
DUE TO (c)	cardio-renal-vascular disease	Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Paralysis agitans 442X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 12-27-52, to 5-13-58 and last saw ~~him~~ him alive on 5-13-58
Death occurred at 725 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Alan R Hill (Degree or title) D.O. 2
22b. ADDRESS: Clarence, Mo
22c. DATE SIGNED: 5-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-16-1958
23c. NAME OF CEMETERY OR CREMATORY: Hagars Grove Cemetery
23d. LOCATION (City, town, or county) (State): Hagars Grove, Missouri

24. FUNERAL DIRECTOR / ADDRESS: Barkelew-Davis - Shelbina, Mo.
25. DATE RECD. BY LOCAL REG.: 5/27/58
26. REGISTRAR'S SIGNATURE: Ruth McCreely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

Date Filed 6.3.58

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 Henry A. Barkelew

Licensed Embalmer No. 3835

P. O. Address Okeltuna

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.