S. No. 300-
v.-10.48-

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1957

16445 State File No.

BIRTH NO. _____ REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 4091 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY CARTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FREMONT
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY CARTER
c. CITY OR TOWN Fremont
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) Fremont Mo. 180

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

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1957

5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 2-22-1898 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months 2 Days 29 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Iron County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Godfred Oesch
13b. MOTHER'S MAIDEN NAME Delacy J. Adams
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 542-28-1932
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Lou Norris Fremont Mo

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Fremont (COUNTY) Carter (STATE) Mo.
21d. TIME OF INJURY (Month) May (Day) 21 (Year) 1957 (Hour) 4:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Tornado demolished Home

22. *I hereby certify that I attended the deceased from* D.O.A., 19___, to _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coleman McFarland Coroner
23b. ADDRESS Van Buren Mo
23c. DATE SIGNED 5/24/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/26/57
24c. NAME OF CEMETERY OR CREMATORY Wilderness Cemetery
24d. LOCATION (City, town, or county) Oregon County (State) Mo.

DATE REC'D BY LOCAL REG. May 31-1957
REGISTRAR'S SIGNATURE Mrs Orta Hanson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coleman McFarland Van Buren Mo.

(Licensed Embalmer's Statement on Reverse Side)

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CARTER COU
HEALTH CEN

JUL 28 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Allen C. McGowan

Licensed Embalmer No. 4543

P. O. Address Ken Barnes, K

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