S. No. 300
v. 10.48

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15975
State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 623

0117

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

1. PLACE OF DEATH 802 Pacific st
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph
c. LENGTH OF STAY (In this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 802 Pacific st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph 0117
d. STREET ADDRESS (If rural, give location) 802 Pacific st 0

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

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1950

5. SEX male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 25 1868
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 4 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY non
11. BIRTHPLACE (State or foreign country) Unknown 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Wife Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Welfare Board 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) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 1 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None — None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — no

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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? 410X

22. *I hereby certify that I attended the deceased from* May 20, 1950, *to* May 22, 1950, *that I last saw the deceased alive on* May 21, 1950, *and that death occurred at* 7 05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Fenton [illegible] (Degree or title) 0
23b. ADDRESS 324 E. Mo ave
23c. DATE SIGNED May 22 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) City Burial
24b. DATE May 22 1950
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) St Joseph (State) no

DATE REC'D BY LOCAL REG. May 29, 1950
REGISTRAR'S SIGNATURE E. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE Beatrice Gray ADDRESS 802 Pacific st

(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 not embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Signed ..... Eric A Clark

Signed ..... Student Embalmer

Licensed Embalmer No. 4235

P. O. Address St Joseph

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 this body is not embalmed, fact should be so stated above.