

STANDARD CERTIFICATE OF DEATH

State File No. _____

OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4255 Registrar's No. 21

0510

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kingsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kingsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kingsville, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Kingsville, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Simpson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-22-1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisa, Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>George Simpson</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Wellman</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Dixie Simpson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dixie Simpson</u> ADDRESS <u>Kingsville, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arterio-sclerosis.</u> DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1949, to Oct 7, 1952, that I last saw the deceased alive on Oct 7, 1952, and that death occurred at 12:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Jander Ho.</u>	23b. ADDRESS <u>Pleasant Hill, Mo</u>	23c. DATE SIGNED <u>10/8/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-10-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kingsville</u>	24d. LOCATION (City, town, or county) (State) <u>Kingsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-10-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. James Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brownfield</u> ADDRESS <u>Pleasant Hill Mo.</u>
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DECEASED
OCT 16 1932
JOHNSON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed Allen Burdick

Licensed Embalmer No. 3785

P. O. Address Harmon, 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 this body is not embalmed, fact should be so stated above.