

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
State File No. **382**

FILED FEB 9 1953

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **154**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> d. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>Abt. 65 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2923 St. Joseph Ave.</b>			d. STREET ADDRESS (If rural, give location) <b>2923 St. Joseph Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BOYD</b>		b. (Middle) <b>STUART</b>		c. (Last) <b>SIMPSON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 31 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 17, 1884</b>		9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police (Guard)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Meat Packing Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Hiawatha Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Louis Simpson</b>		13b. MOTHER'S MAIDEN NAME <b>Addie Brew</b>	
14. NAME OF HUSBAND OR WIFE <b>Lulu M. Simpson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-05-1079</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lulu M. Simpson</b>		ADDRESS <b>St. Joseph Mo.</b>		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) <b>Pulmonary Tuberculosis</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>002X</b>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		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?		22. I hereby certify that I attended the deceased from <b>Sept 1, 1952</b> to <b>Jan 31, 1953</b> , that I last saw the deceased alive on <b>Jan 31, 1953</b> , and that death occurred at <b>9:00 P. m.</b> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>Carroll Bush M.D.</b>	
23b. ADDRESS <b>1618 No 5th St.</b>		23c. DATE SIGNED <b>2/26/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Feb. 3, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Feb 5, 1953</b>		REGISTRAR'S SIGNATURE <b>Carl C. Carter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stammy Funeral Home</b>	
ADDRESS <b>St. Joseph Mo.</b>		(Licensed Embalmer's Statement on Reverse Side)			

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*Paul E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.