

STANDARD CERTIFICATE OF DEATH

14634

State File No.

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 185

No. 300
10-68
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>427 N. Willis 7095</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium D.O.A.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W.</u> c. (Last) <u>Simpson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-27-1953</u>		
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>Feb. 2-1890</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>63 2 25</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Cement</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Devier - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cement Plant</u>	

13a. FATHER'S NAME <u>George Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Cargy</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Simpson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-89-1161</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena Simpson Ind. Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis - Heart Disease</u>			
		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>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Independence Jackson Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 19, 1951, to April 27, 1953, that I last saw the deceased alive on 3-29, 1953, and that death occurred at 5PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Frank M... M.D.</u>		23b. ADDRESS <u>1103 ...</u>		23c. DATE SIGNED <u>4-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 29-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Massard Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Robaul A. Speaks</u>		24f. ADDRESS <u>Indep. Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-29-53</u>		REGISTRAR'S SIGNATURE <u>...</u>		354	

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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 *Raymond M. Hardy*.....

Licensed Embalmer No. *4913*.....

P. O. Address *Indep., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.