

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Howard
18431
State File No. 18431
Registrar's No. 288

FILED JUN 8 1953

BIRTH NO. 37075 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <i>Kans</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Bayler Springs</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Johns Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>726 Grant</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Marylan</i> b. (Middle) <i>Sue</i> c. (Last) <i>Simpson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6-1-53</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Inf</i>	8. DATE OF BIRTH <i>May 31-1953</i>
9. AGE (In years last birthday) <i>12</i>	10. USUAL OCCUPATION (Give kind of work done during most of getting life, even if retired) <i>Inf</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Inf</i>	11. BIRTHPLACE (State or foreign country) <i>Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>J.F. Simpson</i>	
13b. MOTHER'S MAIDEN NAME <i>Betty Sue Hobson</i>		14. NAME OF HUSBAND OR WIFE <i>Inf</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>X</i>		16. SOCIAL SECURITY NO. <i>X</i>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>J.F. Simpson - Father</i>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Aterterias Bilateral</i> 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 <i>7:00 a</i>	
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 <i>5:31-53</i> , 19 <i>53</i> , to <i>6-1</i> , 19 <i>53</i> ; that I last saw the deceased alive on <i>6-1</i> , 19 <i>53</i> , and that death occurred at <i>2:20 A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Walter Harrison</i>		23b. ADDRESS <i>Two S. Belg. Joplin Mo</i>	
23c. DATE SIGNED <i>6-4-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>6-1-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Gate Hill Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Salera Kans</i>	
DATE REC'D BY LOCAL REG. <i>6-5-53</i>		REGISTRAR'S SIGNATURE <i>Ed J. Jumper</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Dame Wene</i>		ADDRESS <i>Bayler Spgs. Kans</i>	

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

495
0

RECEIVED 6-6-53
Jasper County Health Office

County File Number 53-6-497
Date Filed 6-8-53

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 _____

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student Roy DeFelt
Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 2850

P. O. Address Westerly, R.I.

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.