

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8930**
Registrar's No. **1085**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs.		e. STREET ADDRESS (If rural, give location) 5000 Oak	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5000 Oak		3728 0	
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES		b. (Middle) SIMPSON	
c. (Last) SIMPSON		4. DATE OF DEATH (Month) (Day) (Year) 3 10 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1890
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (City and State or Foreign Country) Kansas
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME C. K. Beckett		13b. MOTHER'S MAIDEN NAME Virginia B. Hocker	
13c. NAME OF HUSBAND OR WIFE Leslie Simpson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Leslie Simpson		ADDRESS 5000 Oak, K.C.MO.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES DUE TO (b) Rheumatoid arthritis. 25 yrs DUE TO (c) Chronic nephritis & hypertension 15 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		542	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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 Jan 10, 1943 , to Mar 10, 1954 , that I last saw the deceased alive on Mar 9, 1954 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Hester J. Wilson		23b. ADDRESS 411 Nichols Road	
(Degree or title) MD		23c. DATE SIGNED Mar 10 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 3-12-54	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-10-54		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.	

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

10-2233

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 *J. A. Walton*

Licensed Embalmer No. *274*

P. O. Address *K. C. S.*

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.