16716-54

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9134

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 117

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

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baxter Springs 8150
d. STREET ADDRESS (If rural, give location) 736 Grant 8

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Orville c. (Last) Simpson

4. DATE OF DEATH (Month) (Day) (Year) 3 - 11 - 54

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Inf. 0
8. DATE OF BIRTH Mar 10-1954
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days 1 — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X
10b. KIND OF BUSINESS OR INDUSTRY X
11. BIRTHPLACE (State or foreign country) Joplin 0
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Jesse F. Simpson
13b. MOTHER'S MAIDEN NAME Betty Lou Hodson
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. X
17. INFORMANT'S SIGNATURE OR NAME Jesse F Simpson ADDRESS Baxter Springs Kans

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH 40 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 7620
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 3-11, 1954, that I last saw the deceased alive on 3-11, 1954, and that death occurred at 3:45 P.m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Joplin Mo
23c. DATE SIGNED 3-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-11-54
24c. NAME OF CEMETERY OR CREMATORY Dale Hill
24d. LOCATION (City, town, or county) (State) Galena Kansas

DATE REC'D BY LOCAL REG. 3-15-54
REGISTRAR'S SIGNATURE Ed S. James by Dolores Lampkins Sr. 138.0
25. FUNERAL DIRECTOR'S SIGNATURE Lance Wiene ADDRESS Baxter Springs Kans

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 22 19
Jasper County Health Offi
County File Number 54-3-2
Date Filed MAR 22

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 .....
Student Embalmer

Signed J. Lance Wene.

Licensed Embalmer No. 2880 mo.

P. O. Address Baxter Springs Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.