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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29895**

FILED SEP 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **977**

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> b. 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>5 yrs.</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1418 1/2 Penn St. (home)</b>		f. STREET ADDRESS (If rural, give location) <b>1418 1/2 Penn St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>H.</b> c. (Last) <b>SIMPSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 6 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-7-1883</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hotel keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotels</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Triplett, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Thomas Simpson</b>	13b. MOTHER'S MAIDEN NAME <b>Madora ?</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Simpson (de)</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Byron Hopper, R.F.D. # 6, St. Joe.</b>	ADDRESS
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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		Mo.	INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Arteriosclerotic Heart Disease</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) _____			
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 <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **7-2**, 19**53**, to **9-6**, 19**54**, that I last saw the deceased alive on **9-6**, 19**54**, and that death occurred at **3:00A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H F Mundy</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>2801 Sacramento St. Joseph, Mo.</b>	23c. DATE SIGNED <b>9-8-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-8-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Craig Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Craig, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept 13, 1954</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Charles Ruppert</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(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, ~~only~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 390

P. O. Address St. Joseph

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.