

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5115**  
**605**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wynn's Rest Home</u>		STREET ADDRESS (If rural, give location) <u>2215 Thoma</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u> b. (Middle) _____ c. (Last) <u>Simpson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, 1. WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 7, 1877</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (If deceased worked during year of death) <u>Wade</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta, Georgia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles Simpson</u>	
13b. MOTHER'S MAIDEN NAME <u>Jennie Burks</u>		14. NAME OF HUSBAND OR WIFE <u>Rutha - None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>709-14-5286</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Queen Esther Simpson</u>		ADDRESS <u>High Hill</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
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) (Minute)	
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 <u>Aug. 1855</u> , to <u>273</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>272</u> , 19 <u>56</u> , and that death occurred at <u>1:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. S. Daigle</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2122 Turner Rd.</u>	
23c. DATE SIGNED <u>2/6/56</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
24d. LOCATION (City, town, or county) (State) <u>Arkadelphia, Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. S. Singham</u>	
DATE REC'D BY LOCAL REG. <u>2-9-56</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	
25. ADDRESS <u>18th St. Park</u>			

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.