

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031869
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1047

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0112		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1210 So. 11th St.,		Length of stay in 1b 7 Yrs.	d. STREET ADDRESS (If outside, give location) 1210 So. 11th St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM ANDREW SIMPSON			4. DATE OF DEATH Month Day Year Sept. 29, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June, 21, 1888	9. AGE (In years last birthday) 70 Yrs.	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Ret. Construction Empl.		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Lynn Creek, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Franklin Simpson		13b. MOTHER'S MAIDEN NAME Mary James Russell		14. NAME OF HUSBAND OR WIFE Mrs. Ina Simpson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-12-3247	17. INFORMANT Mrs. Ina Simpson, 1210 So. 11th St., St. Joseph, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure				INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Old Coronary Art. Disease with Cardiac De compensation				Yrs. 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Lung Disease (Yrs)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-18-52 to 9-29-58 and last saw him alive on 9-29-58 Death occurred at 6:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert W. Kieber, MD			22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 9-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		23d. LOCATION (City, town, or county) (State) Savannah, Missouri
24. FUNERAL DIRECTOR Stoney Funeral Home G.A.S.		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 2, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

All diseases in Part I must be causally related. (Indicate nomenclature in item 18. No symptoms will be listed.)

Dr. Robert W. Kieber
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 8 1958

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

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.