

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035583

STATE FILE NUMBER

1175

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1175
FILED NOV 10 1958

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Troy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sisters Hospital		Length of stay in lb 36 Hours	815 ⁶ / ₈ STREET ADDRESS (If outside, give location) - - - - Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Larry Simpson			4. DATE OF DEATH Month Day Year Nov. 2 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 11 1942
9. AGE (In years 16 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) Student	
10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (City and state or country) Highland Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alden Simpson		13b. MOTHER'S MAIDEN NAME Alma Walton	14. NAME OF HUSBAND OR WIFE - - - -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 510-38-3265	17. INFORMANT Alden Simpson Address Troy Kansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture skull & Brain laceration</u>			INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			8254
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 33			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) <u>Auto accident - High Speed - tire Blew out</u>	
20c. TIME OF INJURY Hour Month, Day, Year 3:15 p.m. Oct. 31, 1958		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road		20f. CITY, TOWN, OR LOCATION 2 Mi. W. Bendena, Doniphan Co. Kan.	
21. I attended the deceased from Death occurred at 31 Oct 58 to 2 Nov 58 and last saw him alive on 2 Nov 58 4 30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <u>A. L. Motherhead MM</u>		22b. ADDRESS 2603 Fre drch	22c. DATE SIGNED 11-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/2/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive	23d. LOCATION (City, town, or county) (State) Troy Kansas
24. FUNERAL DIRECTOR Therman B. Silberts Troy Kansas		25. DATE RECD. BY LOCAL REG. Nov. 5, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. John L. Motherhead

MEDICAL CERTIFICATION

MAR 16 1959

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 M. Haman*

Licensed Embalmer No. *4487*
P. O. Address *Wathens, Ks*

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.