

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047168

STATE FILE NUMBER

FILED JAN 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6217

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. | | Length of stay in lb 40 yrs. | d. STREET ADDRESS (If outside, give location) 3835 Main Street |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last MR. MARVIN T. SIMPSON | 4. DATE OF DEATH Month Day Year December 30, 1958 |
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|--------------------|-------------------------------|---|--|--|---|--------------------------------|
| 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 June 18, 1891 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist | 10b. KIND OF BUSINESS OR INDUSTRY Own Drug Store | 11. BIRTHPLACE (City and state or country) Cane Hill, Arkansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Robert Simpson | 13b. MOTHER'S MAIDEN NAME Annie Dold | 14. NAME OF HUSBAND OR WIFE ----- |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W W I and II | 16. SOCIAL SECURITY NO. 487-34-7112 | 17. INFORMANT Clara E. Kendrick- Muskogee, Oklahoma | Address |
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| 18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) arteriosclerotic heart disease | years |
| | DUE TO (c) Anaesthesia - inguinal hernia | 24 hrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5600K | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) 5600K |
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| 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 |
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| 21. I attended the deceased from 12-23-58 to 12-30-58 and last saw him alive on 12-30-1958 Death occurred <input checked="" type="checkbox"/> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD | 22b. ADDRESS 701 E 63 K.C. 10, Mo | 22c. DATE SIGNED 12/30/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Dec. 30, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Restlawn | 23d. LOCATION (City, town, or county) (State) Coffeyville Kansas |
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| 24. FUNERAL DIRECTOR Stine & McClure Und. Co., K.C., Missouri | ADDRESS | 25. DATE RECD. BY LOCAL REG. 12-30-58 | 26. REGISTRAR'S SIGNATURE neva murrell |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. A. Quer

MS DEC 6 1960

8-81511

STATEMENT BY LICENSED EMBALMER

FEB 11 1959

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 *J. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address... *K.C. 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.