

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036580

FILED VS OCT 21 1959

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 446

1. PLACE OF DEATH a. COUNTY <u>JACKSON (Blue)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>INDEPENDENCE</u>		c. CITY OR TOWN <u>INDEPENDENCE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9312 INDEPENDENCE AVE.</u>		d. STREET ADDRESS (If outside, give location) <u>9312 INDEPENDENCE AVE.</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>LENA JONES SIMPSON</u>			4. DATE OF DEATH Month Day Year <u>Oct 11 1959</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 27 1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>What Cheer, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>EVAN J. JONES</u>		13b. MOTHER'S MAIDEN NAME <u>Martha A. Thomas</u>		14. NAME OF HUSBAND OR WIFE (Dec.) <u>John W. Simpson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-01-2718</u>		17. INFORMANT Address <u>MRS MARGARET Mc SPARREN</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>weeks yrs ago</u>
IMMEDIATE CAUSE (a) <u>Rheumatic mitral stenosis with acute bilateral pleural effusion</u>	DUE TO (b) <u>Rheumatic fever</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 WORK <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	STATE

21. I attended the deceased from 1955 to 10-11-59 and last saw her alive on 10-3-59
Death occurred at 2:24 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Drs. Grabske & Link</u>	(Degree or title) <u>E. Link, MD</u>	22b. ADDRESS <u>10901 Winner, Independence, Mo.</u>	22c. DATE SIGNED <u>10-13-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>OCT 13, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE INDEP. MO.</u>	23d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Roband R. Speaks</u>		25. DATE RECD. BY LOCAL REG. <u>10-13-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Deane Z Miller

Licensed Embalmer No. 4783

P. O. Address July, 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.