RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

60-006572

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 943

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 18 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4435 Cypress — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ira Middle: S. Last: Simpson

4. DATE OF DEATH Month: Feb. Day: 15 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Nov 17 1908

9. AGE (last birthday): 51

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY: V.F.W. Bldg

11. BIRTHPLACE (City and state or country): Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Sid Simpson

13b. MOTHER'S MAIDEN NAME: Violet Humbert

14. NAME OF HUSBAND OR WIFE: Elsie Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 444-03-6447

17. INFORMANT: Elsie Simpson Address: Kansas City, Mo

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
IMMEDIATE CAUSE (a)	Congestive Heart Failure	2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Polycythemia	2 yrs
DUE TO (c)	Generalized Arteriosclerosis	2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Influenza a Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-15-56 to 2-15-60 and last saw ~~him~~ alive on 2-15-60

Death occurred at 11⁰⁰ pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leo M. Muller MD.

22b. ADDRESS 4443 Paseo Blvd

22c. DATE SIGNED 2-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-15-60

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Osawatomie Kansas

24. FUNERAL DIRECTOR ADDRESS Montanye Mortuary, Osawatomie, Kansas

25. DATE RECD. BY LOCAL REG. 2-16-60

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Sidn

Licensed Embalmer No. 453

P. O. Address Kansas C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.