URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-015637

STATE FILE NUMBER

FILED VS APR 25 1960

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1945

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: 12 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location): Osteopathic Hosp. 11th & Harrison
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: GRAIN VALLEY
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): ----------
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First CHERYL Middle MARLENE Last SIMPSON
4. DATE OF DEATH: Month APRIL Day 4, Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-14-59
9. AGE (last birthday): IF UNDER 1 YEAR Months 11 Days 20; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Milton M. Simpson
13b. MOTHER'S MAIDEN NAME: Alberta Jenkins
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): np (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Milton M. Simpson, Address: Grain Valley, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia with Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Left Ventricular Hypertrophy — 10 months
DUE TO (c) Aberrant Coronary Artery (from Pulmonary artery) — Since birth
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. ☐ 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 4-14-59, to 4-4-60 and last saw her/him alive on 4-3-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Fred J. Zammar (Degree or title) DO
22b. ADDRESS: Indep. Mo
22c. DATE SIGNED: 4/4/60

BY AFFIDAVIT OF Fred J. Zammar

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-6-60
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cemetery
23d. LOCATION (City, town, or county) (State): Independence, Mo.
24. FUNERAL DIRECTOR: Geo.C.Carson & Sons, ADDRESS: Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 4-5-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

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