URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=60=023390
STATE FILE NUMBER

FILED VS JUN 17 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2975

NDED

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: 70 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4509 Walnut
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Burnett Middle: Newell Last: Simpson

4. DATE OF DEATH: Month: May Day: 31, Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-13-1869

9. AGE (last birthday): 90

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): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

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

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

13a. FATHER'S NAME: Samuel Simpson

13b. MOTHER'S MAIDEN NAME: Catherine Burnett

14. NAME OF HUSBAND OR WIFE: Mariam Simpson

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mariam 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)	Myocardial Infarction	2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	generalized arteriosclerosis	1 yr
DUE TO (c)	Subdural hematoma	years

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. X Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X 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 1959, to 5-31-60 and last saw her/him alive on 5-31-60

Death occurred at 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Dodge MD

22b. ADDRESS: KC Mo

22c. DATE SIGNED: 6-1-60

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

23b. DATE: 6-3-60

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

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

24. FUNERAL DIRECTOR: Stine & McClure, Kansas City, Mo.
ADDRESS

25. DATE RECD. BY LOCAL REG.: 6-2-60

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Dodge

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 William McTura

Licensed Embalmer No. 464

P. O. Address Kansas City

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