

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-030794

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4449 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 12 days	c. CITY OR TOWN Richmond Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 204 Hickory Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Marshall Middle O. Last Simpson			4. DATE OF DEATH Month August Day 28 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-1901	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter & Cabinet maker		10b. KIND OF BUSINESS OR INDUSTRY Woodwork	11. BIRTHPLACE (City and state or country) Guthrie, Okla.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Luke Simpson	13b. MOTHER'S MAIDEN NAME Balma Watkins Simpson	14. NAME OF HUSBAND OR WIFE Grace Ellen Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-26-0057
17. INFORMANT Wife		Address 204 Hickory, Richmond

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) Uremia		2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic obstructive of urines	2 months
	DUE TO (c) Uremia of protote.	one year
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

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 COUNTY STATE
21. I attended the deceased from Nov 8, 1959 to Aug 28, 1960 and last saw xx him alive on Aug 28, 1960		
Death occurred at 9:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) William Y. Eubank	22b. ADDRESS M.D. 924 Professional Bldg.	22c. DATE SIGNED 8/30/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 31-60	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens, Richmond, Missouri
24. FUNERAL DIRECTOR Funeral Home	ADDRESS , Richmond, Mo.	25. DATE RECD. BY LOCAL REG. 8-30-60
		26. REGISTRAR'S SIGNATURE H-L. Sawyer

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF **William Y. Eubank**

SEP 12 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

E. J. Hummer

Licensed Embalmer No. 2073

P. O. Address Richmond

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