

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018122

AMENDED

Registration District No. 172 Primary Registration District No. 4270 Registrar's No. 47

STATE FILE NUMBER

FILED JUN 13 1961

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Lafayette | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dover Township | | Length of stay in 1b 30 Min. | c. CITY OR TOWN Higginsville |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. North of Hi-way #20 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) IOI West 23rd. |
| 3. NAME OF DECEASED (Type or print) First James A Middle Simpson Last Simpson | | 4. DATE OF DEATH Month 6 - Day 8 - Year 1961 | |
| 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 10-9-1892 |
| 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months 6 Days 8 | IF UNDER 24 HR Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Supt. | | 10b. KIND OF BUSINESS OR INDUSTRY Telephone | 11. BIRTHPLACE (City and state or country) Higginsville, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Peter Simpson | 13b. MOTHER'S MAIDEN NAME Mary Allan |
| 14. NAME OF HUSBAND OR WIFE Hilma E. Simpson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. |
| 17. INFORMANT Mrs. Hilma Simpson | | Address Higginsville, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Small fracture & brain injury Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Struck on head by falling telephone pole while working with a crew DUE TO (c) fall while working with a crew | | | INTERVAL BETWEEN ONSET AND DEATH Dead immediately |
| 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 checked="" 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.) Struck by falling telephone pole while working on on a telephone gang | |
| 20c. TIME OF INJURY Hour 3:30 a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) On Dover Road 5 miles north of HI 20 | 20f. CITY, TOWN, OR LOCATION Higginsville Lafayette MO |
| 21. I attended the deceased from after death to 3:30 p.m. and last saw him alive on the same Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. C. Martin, M.D. Crown | | 22b. ADDRESS Idessa MO | 22c. DATE SIGNED 6-8-1961 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-II-1961 | 23c. NAME OF CEMETERY OR CREMATORY City | 23d. LOCATION (City, town, or county) (State) Higginsville, Mo. |
| 24. FUNERAL DIRECTOR Forrest A. Hoefler | | ADDRESS Higginsville, Mo. | 25. DATE RECD. BY LOCAL REG. 6-12-1961 |
| | | | 26. REGISTRAR'S SIGNATURE Lutie G. Jordan |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUN 20 1961

JUN 28 1961

JUN 27 1961

JUL 11 1961

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 James R. Hooper

Licensed Embalmer No. 4801

P. O. Address Higginsville, 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.