

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045052

MENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. **149**
FILED DEC 22 1961

Primary Registration District No. **1002** Registrar's No. **6184**

STATE FILE NUMBER

DATE AMENDED
12-12-61
INSTEAD OF
widowed
DOCUMENT
Married
SHOULD READ
ITEM NO. 7

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb unknown		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3209 St. John		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Robert Middle A. Last Simpson				4. DATE OF DEATH Month December 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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-7-1873		9. AGE (last birthday) 88 Yrs		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 baker				10b. KIND OF BUSINESS OR INDUSTRY Bakery Business		11. BIRTHPLACE (City and state or country) Grundy Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME William Simpson				13b. MOTHER'S MAIDEN NAME Mary E. Brownlee				14. NAME OF HUSBAND OR WIFE Katie Ann Simpson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.				16. SOCIAL SECURITY NO. unk.		17. INFORMANT Address Mrs. Adger Martin, Trenton, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH HAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS										INTERVAL BETWEEN ONSET AND DEATH 13 DAYS			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ATHEROSCLEROSIS										UNKNOWN			
DUE TO (c) HYPER TENSION										UNKNOWN			
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 _____ a.m. _____ p.m.		Month, Day, Year											
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 11-20-61 to 12-8-61 and last saw him alive on 12-8-61 Death occurred at 11:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) A. De Shong D.O.						22b. ADDRESS 2425 Indep. Blvd. RR No			22c. DATE SIGNED 12-8-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-8-61		23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Trenton Mo.							
24. FUNERAL DIRECTOR Stine & McClure K.C. Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 12-8-61		26. REGISTRAR'S SIGNATURE Ruth Song					

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 Donald J. Brown

Licensed Embalmer No. 5151

P. O. Address KC 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.