

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1364
141

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 22 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		718		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 4615 TERRACE STREET				
3. NAME OF DECEASED (Type or Print) a. (First) FINIS b. (Middle) LEONARD c. (Last) SIMPSON			4. DATE OF DEATH (Month) (Day) (Year) JAN-9-1950					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE-2-1886		
9. AGE (In years last birthday) 63 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER-OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY PHILLIPS SERVICE STATION		11. BIRTHPLACE (State or foreign country) BLAIRSTOWN, MISSOURI		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME RICHARD SIMPSON		13b. MOTHER'S MAIDEN NAME SARAH WALL		14. NAME OF HUSBAND OR WIFE ETHEL MAE 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. 491-20-9220		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ETHEL MAE SIMPSON 4615 TERRACE ST. KANSAS CITY, MO.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left cerebral hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 1945 to 1-9-1950, that I last saw the deceased alive on 1-8-1950, and that death occurred at 8 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) E. W. Johnson, Jr., M.D.				23b. ADDRESS 231 W 47 St		23c. DATE SIGNED 1-9-50		
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE JAN-11-1950		24c. NAME OF CEMETERY OR CREMATORY WALL CEMETERY		24d. LOCATION (City, town, or county) (State) BLAIRSTOWN, MISSOURI		
DATE REC'D BY LOCAL REG. 1-11-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Bernard L. Moran*

Licensed Embalmer No. *4250*

P. O. Address *A.C. 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 this body is not embalmed, fact should be so stated above.