

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20470**  
Registrar's No. **2527**

|   |                                  |  |  |   |   |  |   |
|---|----------------------------------|--|--|---|---|--|---|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. <u>2527</u>                                    |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |                                  | c. LENGTH OF STAY (in this place) <u>25 Yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |   | d. STREET ADDRESS (If rural, give location) <u>1316 Groost</u> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital No. 1</u>  |                                  |  |  |   |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Hazel</u>   |                                  |  | b. (Middle)  |   | c. (Last) <u>Simpson</u>  |  | 4. DATE OF DEATH<br>(Month) <u>6</u> (Day) <u>5</u> (Year) <u>50</u>                |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH<br><u>June 23 1883</u>            | 9. AGE (In years last birthday)<br><u>66</u>  | 10. MONTHS  | 11. DAYS   | 12. HOURS & MIN.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Brookfield, Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                  |   |
| 13a. FATHER'S NAME<br><u>Joseph Marsh</u>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary McCullom</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Charles Simpson</u>                         |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mr Chas. Simpson Kansas City, Missouri</u>  |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>  |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized peritonitis</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Ruptured appendix</u><br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS <u>Embolism of lower extremities</u><br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>55</u>                                   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   |  | 20. AUTOPSY?<br>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 <u>May 21</u> , 19 <u>50</u> , to <u>June 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 5</u> , 19 <u>50</u> , and that death occurred at <u>3:45P m.</u> , from the causes and on the date stated above. |                                  |  |  |   |   |  |   |
| 23a. SIGNATURE <u>H. I. Burns M.D.</u>  |                                  |  |  | 23b. ADDRESS<br><u>24th &amp; Cherry</u>  |   | 23c. DATE SIGNED<br><u>6-6-50</u>                              |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |                                  | 24b. DATE<br><u>June 6 1950</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Local</u> |   | 24d. LOCATION (City, town, or county) (State)<br><u>Chillicothe, Missouri</u> |  |   |
| DATE REC'D BY LOCAL REG.<br><u>6-6-50</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Mrs C.L. Forster Kansas City, Mo.</u>  |   |  |   |

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 Joe B. Yoder  
Licensed Embalmer No. 4173

P. O. Address K.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.