

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1634

1634

0520

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

BIRTH NO.		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4261		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY KNOX				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 HURDLAND		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3011	
d. FULL NAME OF HOSPITAL OR INSTITUTION HURDLAND				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) LILLIE		a. (First) JANE		b. (Middle) SIMPSON		c. (Last)	
4. DATE OF DEATH Jan 30, 1951		(Month) (Day) (Year)		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 8 1868		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING		11. BIRTHPLACE (State or foreign country) KNOX CO. MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME KENNEDY BAKER		13b. MOTHER'S MAIDEN NAME MARTHA BAKER		14. NAME OF HUSBAND OR WIFE GEORGE B. 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MAE HOOK HURDLAND 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 2 Mo. 4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 2, 1951 to Jan 29, 1951 , that I last saw the deceased alive on Jan 29, 1951 , and that death occurred at 10:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Blanche D. D. D.		23b. ADDRESS Edina Mo.		23c. DATE SIGNED 2/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 2 1951		24c. NAME OF CEMETERY OR CREMATORY ROCK CREEK		24d. LOCATION (City, town, or county) (State) 2 1/2 MI. E. HURDLAND Mo.	
DATE REC'D BY LOCAL REG. Feb 5-1951		REGISTRAR'S SIGNATURE Neil S. Hunt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo B. Casper Hurdland Mo.			

Date Received: FEB 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-34
Date Filed: FEB 12 1951

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 Geoff Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.