

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **28299**

8-25-52  
AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3606**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b> <b>1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b> <b>3218</b>	
c. LENGTH OF STAY (in this place) <b>25 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1602 Skiles Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1602 Skiles Ave</b>		d. STREET ADDRESS (If rural, give location) <b>1602 Skiles Ave</b>	
3. NAME OF DECEASED a. (First) <b>CLYDE</b> (Type or Print)		b. (Middle) <b>OLIVER</b>	
c. (Last) <b>SIMPSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 11-1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <b>APR. 12-1894</b>
<b>MARRIED</b>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>58</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>EUGENE MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>E.L. SIMPSON</b>	
13b. MOTHER'S MAIDEN NAME <b>CHARITY ELIZABETH PAYNE</b>		14. NAME OF HUSBAND OR WIFE <b>LILLIE JANE SIMPSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>487-01-9720</b>	
17. INFORMANT'S SIGNATURE OR NAME <i>Ms. Lillie Jane Simpson</i>		ADDRESS <b>1602 Skiles</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Lung</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic Carcinoma</b> DUE TO (c) <b>Carcinoma Head Pancreas</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>157K</b>	
19a. DATE OF OPERATION <b>June 27-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Metastatic Carcinoma</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>	
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) <b>2:55 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 3, 1952</b> to <b>Aug 11, 1952</b> that I last saw the deceased alive on <b>8/11, 1952</b> and that death occurred at <b>7:55 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. Riche</b>		23b. ADDRESS <b>Independence Mo</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Aug. 13-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Wm. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Jackson Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-12-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Herryl Stahl</b>		ADDRESS <b>Indep. Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

*28600*

SEP 12 1955

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 *Marion Nees*

Licensed Embalmer No. *356*

P. O. Address *Judea, 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.