No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6294

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 954

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Marys Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 8150 X
d. STREET ADDRESS (If rural, give location): 4711 Canterbury Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Cleveland
b. (Middle): G.
c. (Last): Simpson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13 1953

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 22, 1885
9. AGE (In years last birthday): 67
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): Farmer--Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Rutledge, Missouri D
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Rueben Simpson
13b. MOTHER'S MAIDEN NAME: Thilitha Cruise
14. NAME OF HUSBAND OR WIFE: Allie Westphal Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-14-1512
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Kathleen Tierney, K. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: Jan 27/53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary insufficiency — Jan 8, 1953

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1951, *to* Feb. 12, 1953, *that I last saw the deceased alive on* Feb. 12, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Edson C. Carrier, MD (Degree or title): Edson C. Carrier, M.D.
23b. ADDRESS: 242 Plaza Med. Bldg
23c. DATE SIGNED: 2/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-13-53
24c. NAME OF CEMETERY OR CREMATORY: Millport Cem.
24d. LOCATION (City, town, or county) (State): Rutledge, Missouri.

DATE REC'D BY LOCAL REG.: 2-13-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Gates Funeral Home, K. C. Kans.

(Licensed Embalmer's Statement on Reverse Side)

DR. CARRIER
Plaza Medic
Bl
VA3434
2-5

SEP 30 1954

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 Jimmy L Hutchison

Licensed Embalmer No. 4092

P. O. Address Mission, Kans

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.