

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22497

State File No. ....

FILED JUL 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Parkville</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville, Mo. Platte,</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>301 Main St 0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 Main St.</u>			

3. NAME OF DECEASED (Type or Print)	(First) <u>Gora</u>	(Middle) <u>Belle</u>	(Last) <u>Simpson.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 7, 1860</u>	9. AGE (Years) (Months) (Days) (Hours) (Mins.) <u>92 11 23</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stanstead Canada</u>	12. CITIZEN OF WHAT COUNTRY? <u>Canada</u>
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13a. FATHER'S NAME <u>William Mack.</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Dr. W. J. Simpson deceased 1904</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give year or date of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva Quinter</u>	ADDRESS <u>301 Main Parkville Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days 5</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mercuric &amp; Stramonium</u> <u>6 days</u> DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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 June 23, 53 to June 30, 1953, that I last saw the deceased alive June 27, 1953 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hudsonwood</u>	(Degree or title)	23b. ADDRESS <u>200 Prof Bldg</u>	23c. DATE SIGNED <u>7-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Weston Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 1-53</u>	REGISTRAR'S SIGNATURE <u>Rphia Ballinger</u>	257	25. FUNERAL DIRECTOR'S SIGNATURE <u>Teland A Francis</u>	ADDRESS <u>Parkville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EXPIRES 09/08/87

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, ~~only~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Edward J. Francis*

Licensed Embalmer No. *3457*

P. O. Address *Parkville, 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.