

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43178**
Registrar's No. **5746**

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 43 yrs.		e. STREET ADDRESS (If rural, give location) 2012 Belleview	
d. FULL NAME OF HOSPITAL OR INSTITUTION. General Hospital # 2		3308	

3. NAME OF DECEASED a. (First) LOIS b. (Middle) _____ c. (Last) SIMPSON			4. DATE OF DEATH (Month) (Day) (Year) 12-4-53		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH March 6, 1910		9. AGE (In years last birthday) 43		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri, Kansas City		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME James Simpson	
13b. MOTHER'S MAIDEN NAME Emma Conway		14. NAME OF HUSBAND OR WIFE _____		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. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Grant ADDRESS 2012 Bellview			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Emaciation & malnutrition			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Recent ovarian cyst. (refused to eat)			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS			216X
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 11-53			19b. MAJOR FINDINGS OF OPERATION Cystectomy - ovarian
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. 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) _____		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 8-1- , 19 53 , to 12-4- , 19 53 , that I last saw the deceased alive on 12-4- , 19 53 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE E. Frank Ellis MD (Degree or title)		23b. ADDRESS 600 E. 22nd St.		23c. DATE SIGNED 12-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/53		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
24d. LOCATION (City, town, or county) Kansas City, Missouri (State) _____		DATE REC'D BY LOCAL REG. 12-7-53		REGISTRAR'S SIGNATURE Sheldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Walter Bros. 18th & Benton ADDRESS _____					

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

M
C/M
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[APR 23 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.....
Signature of Student Embalmer

Signed *Dwight L. Watkins*.....

Licensed Embalmer No. *4500*.....

P. O. Address *18th Benton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.