

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10164

State File No.

FILED MAR 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6966</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, give name before death) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>			
b. CITY OR TOWN <u>Waldron</u>		c. LENGTH OF STAY (In this place) <u>72 yrs</u>		c. CITY OR TOWN <u>Waldron</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				e. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED a. (First) <u>Edmund</u> b. (Middle) <u>Amos</u> c. (Last) <u>Simpson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 2 - 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Sp. etc.) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 27 - 1897</u>	
9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Months _____		10. UNDER 1 MIN. Hours _____		11. CITIZEN OF WHAT COUNTRY? <u>no</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waldron Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>no</u>	
13a. FATHER'S NAME <u>Lockard Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Frances E. Burton</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotta Davis Simpson</u> (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4962-41-6753</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edmund Simpson</u> ADDRESS <u>Waldron Mo. K.E. no</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) <u>WALDRON TWP. PLATTE MO.</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Roland M. Giffey, Coroner</u>				23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>3-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 3, 1956</u>		REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Island H. Francis</u> ADDRESS <u>Parkville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

306
48



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 *Leland G. Francis*

Licensed Embalmer No. *34*.....

P. O. Address *Parkville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.