

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUN 17 1960

=60-023391

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3063 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	a. STATE <u>KANSAS</u>	b. COUNTY <u>JOHNSON</u>
Length of stay in 1b <u>1 1/2 DAYS</u>		c. CITY OR TOWN <u>MISSION</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		d. STREET ADDRESS <u>5871 GRANADA</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARIE Beck SIMPSON</u>			4. DATE OF DEATH Month Day Year <u>JUNE 3 1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-3-1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Res. Bank</u>		11. BIRTHPLACE (City and state or country) <u>Gibraltar Penn</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>FRANK S. Beck</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Killian</u>		14. NAME OF HUSBAND OR WIFE <u>Johnnie Simpson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>497-26-4631</u>		17. INFORMANT Address <u>J.S. Simpson 5871 Granada, Mission</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson Mo.</u>	COUNTY STATE
21. I attended the deceased from <u>11/1/60</u> to <u>6/3/60</u> and last saw <u>him</u> alive on <u>6/3/60</u> . Death occurred at <u>3:35 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Richard L. Lehner M.D.</u>		22b. ADDRESS <u>1103 Grand Kansas City, Mo.</u>		22c. DATE SIGNED <u>6/6/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>June 7-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth Kansas</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Dates 1901 Olathe Blvd. K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-7-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Richard L. Lehner

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Paul S. Williamson*

Licensed Embalmer No. 5009

P. O. Address Ovecland

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.