

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12060

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>519</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>St Joseph</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Doniphan</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sparks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sparks</u>		d. STREET ADDRESS (If rural, give location) <u>Eagle Springs</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Park View Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Eagle Springs</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Mona</u>		b. (Middle) <u>Delores</u>		c. (Last) <u>Simanson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 5, 1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Doniphan Co. Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Simon Ryan</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Mckery</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Simanson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter W Simanson, Sparks, Ks.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>			
*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			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>Arteriosclerotic heart disease</u>			
				DUE TO (c) <u>Diabetes mellitus</u>			
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			
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>2 May</u> , 1950, to <u>4 May</u> , 1950, that I last saw the deceased alive on <u>4 May</u> , 1950, and that death occurred at <u>4 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wilbur P. McDonald D.M.D.</u>				23b. ADDRESS <u>301 M. 8 St. St. Joseph Mo.</u>		23c. DATE SIGNED <u>8 May 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6 May 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Nathans Kansas</u>	
DATE REC'D BY LOCAL REG. <u>May 9, 1950</u>		REGISTRAR'S SIGNATURE <u>L. B. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl A. Clark 120 Illinois Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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Clark  
McD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. A. Clark

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.