

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4999

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>				d. STREET ADDRESS (Rural, give location) <u>1608 W. Short</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Noel</u>		b. (Middle) <u>Lawrence</u>		c. (Last) <u>SIMMONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 24, 1894</u>	
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>6</u>		11. DAYS <u>13</u>		12. IF UNDER 18 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>May Olds Natural</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Charles H. Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte E. Todd</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel E. Simmons</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>490-09-2696</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hazel E. Simmons</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, asphyxia, 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, positive, acute</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive heart disease</u>		DUE TO (c)		<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>acute bilateral pulmonary edema</u>				<u>44 3/4</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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>1948</u> , 19 <u> </u> , to <u>2/7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/7</u> , 19 <u>51</u> , and that death occurred at <u>8:35 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. Grabske, M.D.</u>				23b. ADDRESS <u>Independence, Mo</u>		23c. DATE SIGNED <u>2/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 8-1951</u>		REGISTRAR'S SIGNATURE <u>John D. Edigo</u>		3. F4		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter L. Kestey</u>	
						ADDRESS <u>Indep. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0485
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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
Student Embalmer

Signed *Dixon L. Kepley*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.