

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23359

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 264

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| 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 (If outside corporate limits, write RURAL and give township) OR TOWN Buckner | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION his own home | | d. STREET ADDRESS (If rural, give location) Sibley Street | |

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|---|-------------------|-------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Ralph | b. (Middle) ----- | c. (Last) Simmons | 4. DATE OF DEATH (Month) (Day) (Year) July 19 1951 |
|---|-------------------|-------------------|---|

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|-------------|------------------------|--|-------------------------------|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 29 1890 | 9. AGE (In years last birthday) Months Days 61 11 20 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motor car sales Cd | 10b. KIND OF BUSINESS OR INDUSTRY Chev. Sale Co | 11. BIRTHPLACE (State or foreign country) Buckner Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME ? | 13b. MOTHER'S MAIDEN NAME ? | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Simmons- Buckner Mo. | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 years 2 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Hypertensive Cardic-Vascular Disease | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION X | 19b. MAJOR FINDINGS OF OPERATION X | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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| 21a. ACCIDENT - SUICIDE HOMICIDE (Specify) X | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X |
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|---|--|------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) X | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? X |
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22. I hereby certify that I attended the deceased from Dec. 25 1949, to July 19, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Walter Cummins (Degree or title) M.D. | 23b. ADDRESS 4620 Dudgee Ave, KC Mo. | 23c. DATE SIGNED 7-19-51 |
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|---|----------------------|--|--|
| 24a. BURIAL, CREMATION, REINTERMENT (Specify) 0 | 24b. DATE July 21-51 | 24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cem. | 24d. LOCATION (City, town, or county) (State) Buckner, Missouri. |
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| DATE REC'D BY LOCAL REG. July 20-51 | REGISTRAR'S SIGNATURE [Signature] | 354 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS V. M. Reppert - Buckner, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480

6 RECL

219 517

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 and

.....
working under my personal supervision.

Signed Curtis E. Lutzman
Student Embalmer

Student Embalmer No. 410
Signed Vernon M. Reppe

Licensed Embalmer No. 431

P. O. Address Buckner 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.