

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

28298

FILED AUG 15 1952

3538

BIRTH NO. _____		REG. DIST. NO. <u>148</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				e. STREET ADDRESS (If rural, give location) <u>504 Wallace</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>William</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Simmons</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>4</u>		(Year) <u>52</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>SEPT. 19-1883</u>		
9. AGE (In years last birthday) <u>68</u>		# UNDER 1 YEAR Months _____		# UNDER 1 DAY Days _____		# UNDER 24 HRS. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INTERIOR DECORATOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>NOAH W. SIMMONS</u>		13b. MOTHER'S MAIDEN NAME <u>CHARITY E. SULLIVENS</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL N. 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>496-10-6252</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CLARENCE R. SIMMONS - PARKVILLE</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____						
DUE TO (c) _____		DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<u>Pyelonephritis</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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>June 21, 1952</u> , to <u>August 4, 1952</u> , that I last saw the deceased alive on <u>August 4, 1952</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>8-5-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>AUG-7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>8-7-52</u>		REGISTRAR'S SIGNATURE <u>Walden Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son Inc. K.C. Mo.</u>				

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

Dr. Carrigan

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 *W. C. Bunker*

Licensed Embalmer No. *4879*

P. O. Address *Hansen City, 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.