

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31866**  
**4310**

FILED OCT 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WESTON</b>	
c. LENGTH OF STAY (In this place) <b>1 MO.</b>		d. STREET ADDRESS (If rural, give location) <b>1 X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4400 ST. JOHN</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>CHARLOTTIE</b> c. (Last) <b>SIMSHEUSER</b>			4. DATE OF DEATH <b>SEPT. 30, 1952</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>AUG. 21, 1891</b>		9. AGE (In years last birthday) <b>71</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 1 YEAR: Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>TOPEKA, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>			

13a. FATHER'S NAME <b>JOHN COOK</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY RODES</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN SIMSHEUSER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DOVER</b> ADDRESS <b>WESTON, MO.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inter cerebral</b> ANTECEDENT CAUSES <b>Atherosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>14 yrs</b> <b>2 yrs</b> <b>4500</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 9-2-52 to 9-30-52, that I last saw the deceased alive on 9-30-52, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23. SIGNATURE <b>Frank Paul Laurencz</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>478 S. White Ave</b>		23c. DATE SIGNED <b>9-30-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>SEP 21 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAUREL HILL CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>WESTON, MO.</b>		DATE REC'D BY LOCAL REG. <b>10-2-52</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Vaughn Funeral Home</b>		ADDRESS <b>WESTON, MO</b>			

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

418 S. ...

**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. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Me.

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.