

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27838**
Registrar's No. **898**

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 820 Mason Ave. | | d. STREET ADDRESS (If rural, give location) 820 Mason Ave. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Bessie | b. (Middle) Alta | c. (Last) Simmons | 4. DATE OF DEATH (Month) (Day) (Year) August 16, 1953. |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH September 2, 1892 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Charles Karch | 13b. MOTHER'S MAIDEN NAME Ida Roland | 14. NAME OF HUSBAND OR WIFE Jesse R. Simmons |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Kenneth Swartz | ADDRESS St. Joseph, Mo. |
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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 7 years + |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatic Cirrhosis | | 5 y 00 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Jan 8 1947**, to **Aug 16 1953**, that I last saw the deceased alive on **8-11 1953**, and that death occurred at **8:45a** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Irvin H. Rosenthal M.D. | 23b. ADDRESS St. Joseph Mo | 23c. DATE SIGNED 8-18-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug. 18, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri. |
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| DATE REC'D BY LOCAL REG. Aug 20, 1953 | REGISTRAR'S SIGNATURE Kathleen M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE Mieschhofer Fleeman | ADDRESS St. Joseph, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.