

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19162

2655

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
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 KANSAS CITY		c. LENGTH OF STAY (in this place) 27 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				e. STREET ADDRESS (If rural, give location) 303 BRUSH CREEK BLVD.					
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) T. c. (Last) SIMMONS			4. DATE OF DEATH (Month) (Day) (Year) JUNE 10, 1954						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 26, 1900		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER - ELECTRICAL DEPT. FAIRBANKS - MORSEY			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CENTRAL CITY, COLORADO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME J. R. SIMMONS			13b. MOTHER'S MAIDEN NAME AMELIA TIBBETT		14. NAME OF DECEASED'S WIFE GERTRUDE SIMMONS				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES U.S. ARMY		16. SOCIAL SECURITY NO. 495-01-2242		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. GERTRUDE SIMMONS, 303 BRUSH CREEK BLVD., KANSAS CITY, MO.					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i> ANTECEDENT CAUSES <i>Coronary Arteriosclerosis</i> Morbidity 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 3-17-49, 19 to 6-10, 54, 19, that I last saw the deceased alive on June 10, 19 54, and that death occurred at 4:45 P. m., from the causes and on the date stated above.									
23a. SIGNATURE <i>D. R. Black</i> D. R. Black M.D.				(Degree or title) <input checked="" type="checkbox"/>		23b. ADDRESS 924 Professional Bldg.		23c. DATE SIGNED 6/11/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 12, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. MARIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI				
DATE REC'D BY LOCAL REG. 6-12-54		REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>N. J. Newman</i> 1231 BRUSH CREEK BLVD., KANSAS CITY, MISSOURI				

(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.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....

Licensed Embalmer No. *405*.....

P. O. Address *.....*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.