FILED AUG 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. 3184

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 3075

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (In this place): 40 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: Jackson

c. CITY OR TOWN: Kansas City

d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐

e. STREET ADDRESS (If rural, give location): 3915 Agnes 2 618

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) L. c. (Last) Simons

4. DATE OF DEATH (Month) (Day) (Year): 7-3-54

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-21-84

9. AGE (In years last birthday): 69 | 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): Retired - Jewelry

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Indianapolis, Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Aaron Simons

13b. MOTHER'S MAIDEN NAME: Florence (Unknown)

14. NAME OF HUSBAND OR WIFE: Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 568-07-7088

17. INFORMANT'S SIGNATURE OR NAME: Rose Simons ADDRESS: Home

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Dilatation & Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary Artenosclerosis — 18 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial infarcts, chronic — 18 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 10 *19*44 *to* July 3 *19*54 *that I last saw the deceased alive on* July 3 *19*54 *and that death occurred at* 905 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jesse D. Rising (Degree or title) M.D.

23b. ADDRESS: Univ. of Kans. Med. Cent. KC, Kansas

23c. DATE SIGNED: 7-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-5-54

24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel

24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 7-4-54

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: Louis Fun'l Home ADDRESS: K.C., Mo.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Guy Buffington

Licensed Embalmer No. 27

P. O. Address N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.

(Licensed Embalmer's Statement on Reverse Side)