

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22390**

FILED AUG 3 - 1955

3101

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|---|--|--|--|--|--|---|----------------------------------|
| 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 OR TOWN KANSAS CITY | | c. LENGTH OF STAY (in this place) UNK | | 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 423 MAIN ON SIDEWALK | | | | e. STREET ADDRESS (If rural, give location) 514 1/2 MAIN | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARION b. (Middle) T c. (Last) SIMMONS | | | 4. DATE OF DEATH (Month) (Day) (Year) 7 19 55 | | | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SINGLE SINGLE | | 8. DATE OF BIRTH MAR 17 1901 | |
| 9. AGE (In years last birthday) 54 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) CRITTENDEN COUNTY KY | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME HEZEKIAH SIMMONS | | 13b. MOTHER'S MAIDEN NAME LORA JAMES TURPIN | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 317-07-7407 | | 17. INFORMANT'S SIGNATURE OR NAME CORONERS OFFICE ADDRESS _____ | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown ANTECEDENT CAUSES 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. 7955 | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Post Refused | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) material 2 | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Hugh H. Owens, Coroner (Degree or title) _____ | | | | 23b. ADDRESS 1034 Pinks Bldg | | 23c. DATE SIGNED 7-20-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 7-20-55 | | 24c. NAME OF CEMETERY OR CREMATORY LAKE VIEW | | 24d. LOCATION (City, town, or county) (State) PROVIDENCE KY | |
| DATE REC'D BY LOCAL REG. 7-21-55 | | REGISTRAR'S SIGNATURE Mrs. Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S ADDRESS K.C. Mo. | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Ernest W. Caldwell*

Licensed Embalmer No. *471*.....

P. O. Address *K.C.V.*.....

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.