

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29836**  
**3952**

FILED SEP 28 1955

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>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Kansas City</b>		c. LENGTH OF STAY (in this place) <b>13 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5049 Wornall Road</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <b>MADGE</b>		b. (Middle) _____	c. (Last) <b>SIMMONS</b>
4. DATE OF DEATH <b>Sept. 7, 1955</b>		4. DATE OF DEATH (Month) (Day) (Year)	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 22, 1879</b>	9. AGE (In years last birthday) <b>76</b>	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) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Braidwood, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Asa G. Leard</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Julian D. Simmons</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>Julian D. Simmons, 5049 Wornall, K. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<b>Acute Myocardial Infarction</b>		<b>30 min.</b>
ANTECEDENT CAUSES	DUE TO (b) <b>Coronary Artery Occlusion</b>		<b>1 hour</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>Coronary Artery Sclerosis</b>		<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS	<b>Viral Infectious Myocarditis</b>		<b>3 months</b>
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"/>
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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) <b>4201</b>
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 Aug 4, 1955, to Sept. 7, 1955 that I last saw the deceased alive on Sept. 7, 1955, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Graham Asher</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1220 Professional Bldg. Kansas City 6-1200</b>	23c. DATE SIGNED <b>9-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	24b. DATE <b>9-10-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Abbey</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-9-55</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>	ADDRESS <b>K.C. MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Rev. Graham (C. C. C.)  
1220 Perry Bldg.  
Vi 8180

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 *Seague & Thomas*

Licensed Embalmer No. 463  
P. O. Address *Lawson City, Tenn.*

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.