No. 300
10.48

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13489

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1481

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 51 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri 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) 3314 Charlotte

3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) E. c. (Last) Simless

4. DATE OF DEATH (Month) (Day) (Year) April 5, 1956

5. SEX female **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** June 19, 1899 **9. AGE** (In years last birthday) 56 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) housewife **10b. KIND OF BUSINESS OR INDUSTRY** home **11. BIRTHPLACE** (City and State or Foreign Country) Pleasant Hill, Mo. **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

13a. FATHER'S NAME Henry Hawkins **13b. MOTHER'S MAIDEN NAME** Isabell Smith **14. NAME OF HUSBAND OR WIFE** Ben Simless

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.** none **17. INFORMANT'S SIGNATURE OR NAME** Ben Simless **ADDRESS** 3314 Charlotte

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adrenal Failure (Cont) — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Addisons disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 274K

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 3/12, 1956, *to* 4/5, 1956, *that I last saw the deceased alive on* 4/5, 1956, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE S. S. Tarson (Degree or title) M.D. **23b. ADDRESS** 3221 Trost, K.C. Mo **23c. DATE SIGNED** 4/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify) removal **24b. DATE** 4-7-56 **24c. NAME OF CEMETERY OR CREMATORY** Raymore Cemetery **24d. LOCATION** (City, town, or county) (State) Raymore, Missouri

DATE REC'D BY LOCAL REG. 4-5-56 **REGISTRAR'S SIGNATURE** Neva Minshall **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Wilks Funeral Home 2315 Linwood

(Licensed Embalmer's Statement on Reverse Side)

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Addisons Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Primary Adrenal Atrophy

DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Dr Tarson 3221 Trost

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** Dr Tarson **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 ____, 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 H. Frank Holman (Degree or title) MD **23b. ADDRESS** St Joseph Hospital **23c. DATE SIGNED** 4-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** April 7 1956 **24c. NAME OF CEMETERY OR CREMATORY** Raymore Cemetery **24d. LOCATION** (City, town, or county) (State) Raymore Missouri

DATE REC'D BY LOCAL REG. 4-5-56 **REGISTRAR'S SIGNATURE** Neva Minshall **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Wilks Funeral Home 2315 Linwood

(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 emb

by me, or by ....., Student Embalmer N

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No

P. O. Address.....

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas E Wilks.....

Licensed Embalmer No 26 4

P. O. Address 1 C M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
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