

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16600**
Registrar's No. **2190**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 200 So Grand St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print) Anna Sims			4. DATE OF DEATH May 17, 1956
a. (First)	b. (Middle)	c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, I WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 24, 1892	9. AGE (in years last birthday) 64 03	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) St. Clair County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
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13a. FATHER'S NAME Marion Hall		13b. MOTHER'S MAIDEN NAME Lela Terry		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 488-38-6538	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joe Roberts, Lee's Summit, Mo.				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						1 Day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				4201	
		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)	
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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				
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22. I hereby certify that I attended the deceased from **5-19**, 19**56** to **5-17**, 19**56**, that I last saw the deceased alive on **5-17**, 19**56**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Cliff J. Miller M.D.		23b. ADDRESS Lee's Summit Mo.		23c. DATE SIGNED 5-18-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-19-1956	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery	24d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.		
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DATE REC'D BY LOCAL REG. 5-19-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit Mo.				ADDRESS Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Cliff J. Miller

0.300
0.48

9561 & 1 JUN 1956

JUN 14 1958

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
Student Embalmer

Signed

N. B. Long

Licensed Embalmer No. 4962

P. O. Address Lee's Summit, Mo.

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 this body is not embalmed, fact should be so stated above.