

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24826

STATE FILE NUMBER

FILED AUG 1 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 3 WEEKS	10 ^d d. STREET ADDRESS 5216 BARNES		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BONNIE Middle JUNE Last SIMS			4. DATE OF DEATH Month JULY Day 9 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 19, 1957	9. AGE (In years last birthday) 3 WEEKS IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) 3 KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? 0
13. FATHER'S NAME MARVIN SIMS			14. MOTHER'S MAIDEN NAME ROBERTA L. MILES		
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. NONE	17. INFORMANT Address MARVIN SIMS, 5216 BARNES, K.C. 16 MO.		
18. CAUSE OF DEATH [Enter only one cause prevailing for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dying of pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) From a tertiary DUE TO (c) 7 mo gestation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 1 day 1635
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/8/57 to 7/9/57 and last saw her alive on 7/8/57 Death occurred at 10:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. H. Dunham M.D.			22b. ADDRESS 2025 Suzz N.K.C. Mo		22c. DATE SIGNED 7/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 12, 1957	23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL CEMETERY		23d. LOCATION (City, town, or county) (State) CLAY COUNTY, MISSOURI.
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMERS SONS, NORTH K.C. 16 MO.		25. DATE RECD. BY LOCAL REG. 7-12-57		26. REGISTRAR'S SIGNATURE Tom Marshall	

Health, Welfare, Public Service
000-56
Dector, Coroner, etc. must use only standard name-cause form for the symptoms with no other diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. H. Dunham, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dunham

312

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 *John H. Kalsbeek*
Licensed Embalmer No. 494

P. O. Address *To Kansas*

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.