

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001524
STATE FILE NUMBER
199

300
-57

JAN 28 1959 Registration District No. 149 Primary Registration District No. 1201 Registrar's No. 199

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|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</u> 11th |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u> | | Length of stay in lb <u>22 yr</u> | d. STREET ADDRESS (If outside, give location) <u>1005 Penn</u> |
| 3. NAME OF DECEASED (Type or print) First <u>HAZEL</u> Middle <u>L.</u> Last <u>SIMERO</u> | | | 4. DATE OF DEATH Month <u>1</u> Day <u>9</u> Year <u>59</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-18-1884</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 9b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u> | 9c. AGE (In years last birthday) <u>74</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 10c. AGE (In years last birthday) |
| 11. BIRTHPLACE (City and state or country) <u>Osaka, Rapids, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Edward Mason</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lodenna Marion</u> | 14. NAME OF HUSBAND OR WIFE <u>Andrew Lemico</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Mr. Betty Freeze</u> Address <u>827 Penn. K.C., Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pulmonary atelectasis; Cardiac Hypertrophy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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 |
| 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 <u>11-21-58</u> to <u>1-9-59</u> and last saw her alive on <u>1-9-59</u> Death occurred at <u>9:30 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Abraham Gelperin</u> | | 22b. ADDRESS <u>24th & Cherry</u> | 22c. DATE SIGNED <u>1-12-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 23b. DATE <u>1-14-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>K.C. Missouri</u> |
| 24. FUNERAL DIRECTOR <u>C. H. Blackman Jr.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-12-59</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u> |

All diseases in Part I must be causally related.

Abraham Gelperin M.D. MEDICAL CERTIFICATION

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 Wayne Smith....., Student Embalmer No. 567..... working under my personal supervision.

Student Wayne Smith.....
Signature of Student Embalmer

Signed W.C. Blum.....

Licensed Embalmer No. 4879.....

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.