

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013571

FILED APR 27 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 1784 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE DELAWARE b. COUNTY NEW CASTLE	
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 Wilmington ⁴⁰⁷⁰⁸ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSP		Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) 104 MIDDLEBOROUGH Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle RICHARD Last SYMONDS			4. DATE OF DEATH Month APRIL Day 4 Year 1959		
5. SEX ♂ MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEBRUARY 5, 1883	9. AGE (In years last birthday) 76 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) CONTRACTOR-RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ABBOTTS, BROMLEY, ENGLAND	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME EDWARD SYMONDS		13b. MOTHER'S MAIDEN NAME MARY OLIVIA FOX		14. NAME OF HUSBAND OR WIFE MRS. ELIZABETH TASKER SYMONDS	

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 MRS. E. H. OPEL 5306 WEST 51ST STREET MISSION, KANSAS	
--	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH 16 hrs ?
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 WILMINGTON, DELAWARE	

21. I attended the deceased from April 4/59 to April 4/59 and last saw ^{him} April 4/59 alive on April 4/59 Death occurred at 9:40 P. on the date stated above, and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
---	--	---	--

22a. SIGNATURE (Degree or title) A. L. Spafford M.D.		22b. ADDRESS 315 W. 10th St Kansas City, Mo		22c. DATE SIGNED 4/6/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE APRIL 6, 1959		23c. NAME OF CEMETERY OR CREMATORY -	

24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS-KANSAS CITY, Mo		25. DATE RECD. BY LOCAL REG. 4-7-59		26. REGISTRAR'S SIGNATURE Neve Marshall	
--	--	---	--	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
A. L. Spafford

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 *James W. Harrison*

Licensed Embalmer No. *4889*

P. O. Address *N.C., Va.*

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.