

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017944

STATE FILE NUMBER 2321

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2321

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Hosp.</b>		Length of stay in 1b <b>14 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>432 E. 62nd Street</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>CLARA SIMONS</b>			4. DATE OF DEATH Month Day Year <b>5 8 1959</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 14, 1894</b>	9. AGE (In years last birthday) <b>64</b>	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Nurse</b>	11. BIRTHPLACE (City and state or country) <b>Cologne, Germany 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>David Simons</b>	13b. MOTHER'S MAIDEN NAME <b>Helene Cohen</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT Address <b>Hedwig Simons, 432 E 62nd St., K.C., Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>w/te Congestive Heart Failure</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Multiple Pulmonary Infarctions 4 200</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from <b>1947</b> , to <b>5/8/59</b> and last saw her alive on <b>5/9/59</b> Death occurred at <b>945 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Jack W. Wolf M.D.</b> (Degree or title)	22b. ADDRESS <b>409 E. 63 Kansas City Mo</b>	22c. DATE SIGNED <b>5/8/59</b>

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Burial</b>	23b. DATE <b>5-10-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>J.P. Louis Funeral Home, K.C., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-9-59</b>	26. REGISTRAR'S SIGNATURE <b>Herva Marshall</b>
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All diseases in Part I must be causally related. JACK W. WOLF. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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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 *Henry Buffington*  
Licensed Embalmer No. *2727*  
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.