

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045050

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6183

STATE FILE NUMBER

AMENDED

FILED DEC 22 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 20 years	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 4336 COLLEGE STREET		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4336 COLLEGE STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NITA MAY SIMMONS			4. DATE OF DEATH Month Day Year DECEMBER 6th 1961
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/7/1900
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGISTERED NURSE		10b. KIND OF BUSINESS OR INDUSTRY TRINITY LUTHERAN	11. BIRTHPLACE (City and state or country) BLAIRSTOWN MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GEORGE B. SMITH	
13b. MOTHER'S MAIDEN NAME ANNA BELLE O'DELL		14. NAME OF HUSBAND OR WIFE CHARLES DAVID SIMMONS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT SON Wm. K. SIMMONS, KANSAS CITY MO	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneum. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. metastatic Ca DUE TO (c) Primary - Rt Breast			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 18 mo 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 Jan 1961 to 5 Dec 61 and last saw her alive on 5 Dec 61 Death occurred at 11:25 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert M. Myers M.D.		22b. ADDRESS 906 Grand Ave.	22c. DATE SIGNED 8 Dec 61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-8-61	23c. NAME OF CEMETERY OR CREMATORY PLEASANT MOUND	23d. LOCATION (City, town, or county) (State) OSCEOLA, MISSOURI
24. FUNERAL DIRECTOR D.W. Newcomer's Sons	ADDRESS 1331 Brush Creek Blvd. Kansas City Mo	25. DATE RECD. BY LOCAL REG. 12-8-61	26. REGISTRAR'S SIGNATURE Ruth Long

newcomer

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 *Louis R. [Signature]*

Licensed Embalmer No. 4896

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.