

FILED OCT 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33847

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4413

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, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>6 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>3016 Askew</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>W.</b> c. (Last) <b>Siemon, Sr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 14 - 1951</b>		
5. SEX <b>M D</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>8-7-1886</b>		9. AGE (In years last birthday) <b>65</b>		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED - 6 YEARS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NEAR HARRARDVILLE FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>ST. CLAIR COUNTY MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>JOHN SIEMON</b>		13b. MOTHER'S MAIDEN NAME <b>HAESLER</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. EMORY SWEET SIEMON</b>	
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>490-30-3241</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs EMORY SWEET SIEMON 3016 ASKEW AVE. KANSAS CITY, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Retroperitoneal hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerotic aneurysm of abdominal aorta (m.s.)</b>		DUE TO (c) <b>Cornary atherosclerosis and hypertensive cardiovascular disease</b>		<b>4524</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>3 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11 October 1951**, to **14 October 1951**, that I last saw the deceased alive on **14 October 1951**, and that death occurred at **12:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Richard W. Gunn</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>62307 Union Rd. Ke. 3E, Mo.</b>		23c. DATE SIGNED <b>10-14-51</b>	
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24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <b>4 Oct. 16 1951</b>		24c. NAME OF CEMETERY OR-CREMATORY <b>PLEASANT RIDGE CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>CASS COUNTY MISSOURI</b>					

DATE REC'D BY LOCAL REG. <b>10-16-51</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D.W. Newcomer's Son's Kansas City Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Robert P. Herron*

Signed .....

Student Embalmer

Licensed Embalmer No. *4849*

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 this body is not embalmed, fact should be so stated above.**