

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13126

State File No.

1842

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

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, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 13 years		d. STREET ADDRESS (If rural, give location) 5331 Highland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor			

3758
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3. NAME OF DECEASED a. (First) Elizabeth b. (Middle) _____ c. (Last) Simms			4. DATE OF DEATH (Month) (Day) (Year) Apr 20 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Apr 26 1860		9. AGE (in years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? -		10b. KIND OF BUSINESS OR INDUSTRY _____	

13a. FATHER'S NAME THOMAS CARIDON		13b. MOTHER'S MAIDEN NAME SUSAN DURHAM		14. NAME OF HUSBAND OR WIFE Edward Simms	
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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) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Little Sister of the Poor ADDRESS 5331 Highland	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Atherosclerosis			20 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans			16 yrs

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) (Minute) _____		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 3/19, 1950, to 4/20, 1952, that I last saw the deceased alive on 4/19, 1952, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Fogarty (Degree or title) MD		23b. ADDRESS 402 Westman Rd KCMO		23c. DATE SIGNED 4/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 22-1952		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	
24d. LOCATION (City, town, or county) Kansas City Mo		25. FUNERAL DIRECTOR'S SIGNATURE Geraldine Holmer ADDRESS 204 L. Linden			
DATE RECD BY LOCAL REG. 4-22-52		REGISTRAR'S SIGNATURE _____			

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.....

James W. Corp

Signed.....
Student Embalmer

Licensed Embalmer No. *4622*

P. O. Address *N. 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.