

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1626

State File No. _____

250

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|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY <u>Jackson</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city MO</u> | | c. LENGTH OF STAY (in this place) <u>20 yrs</u> | | a. STATE <u>Missouri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>912 Ward Parkway</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city, MO</u> | | d. STREET ADDRESS (If rural, give location) <u>912 Ward Parkway</u> | | b. COUNTY <u>Jackson</u> | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | | 5. SEX | | 6. COLOR OR RACE | |
| a. (First) <u>Simon</u> | | b. (Middle) <u>Leon</u> | | c. (Last) <u>Simkin</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 11. BIRTHPLACE (State or foreign country) | |
| 1-12-53 | | 68 | | <u>Retired</u> | | <u>Professor</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | |
| <u>U.S.A.</u> | | <u>unknown</u> | | <u>unknown</u> | | <u>Bessie Cahn Simkin</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME | | ADDRESS | |
| <u>no</u> | | <u>no</u> | | <u>Bessie Simkin</u> | | <u>912 Ward Parkway</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| ANTECEDENT CAUSES | | | | 7955 | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) _____ | | | |
| DUE TO (c) _____ | | | | DUE TO (c) _____ | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | | YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Geo. C. Kealhofer M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>4050 Bissellway Toand</u> | | 23c. DATE SIGNED <u>1-13-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1-16-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas city, MO</u> | |
| DATE REC'D BY LOCAL REG. <u>1-16-53</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wernall</u> | | ADDRESS <u>Funeral Home</u> | |

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Russell N. France*

Licensed Embalmer No. *4255*

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.