

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35288**
Registrar's No. **160**

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097**

191
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Big Creek Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 71-Hi-Way		d. STREET ADDRESS (If rural, give location) 4 Mi. North Harrisonville, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Harold	b. (Middle) Gene	c. (Last) Simonin	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 22, 1936	9. AGE (In years last birthday) 17	# UNDER 1 YEAR Months Days	# UNDER 10 YRS. Hours - Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (State or foreign country) Miami, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harold W. Simonin	13b. MOTHER'S MAIDEN NAME Ruth Eidson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 495-38-8209	17. INFORMANT'S SIGNATURE OR NAME Harold Simonin, RRI Harrisonville, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Gas		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		E8354 33
	II. OTHER SIGNIFICANT CONDITIONS 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Harrisonville Cass MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 1 1953 8a m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Went to sleep in running auto
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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 **8 a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. V. Murray M.D. Coronar	23b. ADDRESS Pleasant Hill, Mo.	23c. DATE SIGNED Nov. 1, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Ceme	24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri
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DATE REC'D BY LOCAL REG. Nov 3, 1953	REGISTRAR'S SIGNATURE Dora Barward	FUNERAL DIRECTOR'S SIGNATURE M. B. Langford	ADDRESS Lee's Summit, Mo.
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RECEIVED

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CASS COUNTY
HEALTH DEPARTMENT

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 *W. B. Langford*

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Miss

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.