No. 300
10-48

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5086

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 672

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1710 Kensington Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3238 1710 Kensington Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): G.
c. (Last): Simmons

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13, 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 14, 1914
9. AGE (In years last birthday): 40
If under 1 year: Months ____ Days ____ Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Finisher
10b. KIND OF BUSINESS OR INDUSTRY: Built-Right Co.
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Arthur Simmons
13b. MOTHER'S MAIDEN NAME: Augusta Leistoio
14. NAME OF HUSBAND OR WIFE: Ethel Simmons

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.: 487-03-0179
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ethel Simmons 1710 Kensington K.C.Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERNAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 2 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARCINOMA OF PANCREAS — 6 Mos
DUE TO (c) — 15 Y

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-28-54
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA BODY OF PANCREAS
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG-14, 1954, *to* FEB-12, 1955, *that I last saw the deceased alive on* FEB-8, 1955, *and that death occurred at* 1:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Theo. S. Gage (Degree or title) MD
23b. ADDRESS: 1803 Jackson
23c. DATE SIGNED: 2-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/16/55
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 2-14-55
REGISTRAR'S SIGNATURE: neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earp & Sons 4139 Truman Rd. K.C.,Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Earp

Licensed Embalmer No. 46

P. O. Address W. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.