No. 300
10.48

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

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12159
Registrar's No. 1556

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001

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): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Missouri
d. STREET ADDRESS (If rural, give location): 7431 Broadway, 3918

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): LUTHER
c. (Last): SIMMERMAN,

4. DATE OF DEATH (Month) (Day) (Year): April, 2nd. 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single,
8. DATE OF BIRTH: November 9th. 1896
9. AGE (In years last birthday): 58
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Teller,
10b. KIND OF BUSINESS OR INDUSTRY: People's Bank,
11. BIRTHPLACE (City and State or Foreign Country): Centerview, Missouri,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jerry W. Simmerman,
13b. MOTHER'S MAIDEN NAME: Flora Hedrick,
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War One
16. SOCIAL SECURITY NO.: 495-36-7470
17. INFORMANT'S SIGNATURE OR NAME: Mr. Frank Simmerman
ADDRESS: Centerview, Missouri

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis - unknown
DUE TO (c) unknown -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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): No — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No

22. *I hereby certify that I attended the deceased from* 4-21-55, 19__, *to* 4-2-, 1955, *that I last saw the deceased alive on* 4-2-, 1955, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. B. Caseboltt M.D.
23b. ADDRESS: 4400 Baltimore Kansas City, Missouri
23c. DATE SIGNED: 4-4-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-5-1955
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery,
24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri

DATE REC'D BY LOCAL REG.: 4-7-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: R.A. Brauninger,
ADDRESS: Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1958

MAY 2 1960

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 R. A. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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