

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040379

FILED VS. DEC 1 0 1959

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

5566

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri . COUNTY Jackson				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 45 Yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Downtown Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 312 E. 9th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle B Last SIMCOX			4. DATE OF DEATH	Month 11 Day 17 Year 1959		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11 11 85	9. AGE (last birthday) 74	IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Boiler Eng.		10b. KIND OF BUSINESS OR INDUSTRY Box Office Printing		11. BIRTHPLACE (City and state or country) Peoria, Ill	12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Kate Jackson		14. NAME OF HUSBAND OR WIFE _____		
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. 493 14 8813	17. INFORMANT Address Walter Simcox 107 N. Crescent			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 15 min 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____		
21. I attended the deceased from <u>12/3/52</u> to <u>11/17/59</u> and last saw her alive on <u>11/1/59</u> Death occurred at <u>11:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Elice J. Perry</i>			22b. ADDRESS 301 W. Kansas		22c. DATE SIGNED 11/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-1959	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) Kansas City Missouri (State)			
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc K.C. MO		25. DATE RECD. BY LOCAL REG. 11-18-59	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Elice J. Perry

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 _____
Signature of Student Embalmer

Signed Ferris D. Caldwell

Licensed Embalmer No. 4714

P. O. Address E.C. Wis.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.