

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046345

OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6248 STATE FILE NUMBER

FILED VS DEC 30 1960

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY, MISSOURI | | | Length of stay in 1b <u>41-42 Days</u> | | c. CITY OR TOWN KANSAS CITY, MISSOURI | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT, indicate the location) HOSPITAL OR INSTITUTION VA HOSPITAL KANSAS CITY, MISSOURI | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 6043 E 12th St Terrace. | |
| 3. NAME OF DECEASED (Type or print) First GEORGE Middle R. Last SIMMS | | | 4. DATE OF DEATH Month DEC Day 9 Year 1960 | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-15-98 | 9. AGE (last birthday) 62 | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICE OFFICER | | | 10b. KIND OF BUSINESS OR INDUSTRY CITY | | 11. BIRTHPLACE (City and state or country) Ransomville, Kansas KANSAS CITY, KANSAS | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME JAMES SIMMS | | | 13b. MOTHER'S MAIDEN NAME Allison Ramage | | 14. NAME OF HUSBAND OR WIFE MARIE SIMMS | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 6-29-18 to 4-12-19 | | | | 16. SOCIAL SECURITY NO. 492-14-7050 | | 17. INFORMANT VA HOSPITAL RECORDS | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro intestinal bleeding DUE TO (b) Carcinoma of the stomach DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 checked="" 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. VA attended the deceased from <u>11-7-60</u> to <u>12-9-60</u> Death occurred at <u>11:00 PM 12-9-60</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Douglas W. Vora, M.D. | | | | 22b. ADDRESS VA Hospital, K. C. Mo. | | 22c. DATE SIGNED 12-10-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 12-12-60 | 23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY | | 23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI | | |
| 24. FUNERAL DIRECTOR BLACKMAN FUNERAL HOME, K.C., MO. | | ADDRESS 2825 INDEP AVE. | | 25. DATE RECD. BY LOCAL REG. 12-12-60 | | 26. REGISTRAR'S SIGNATURE H.S. Dwyer | |

DOCUMENT

Douglas W. Vora, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert B. Benn

Licensed Embalmer No. 465

P. O. Address I. C.,

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