

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007013

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 1029 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

ROBERT W. FORTS YOUNG
MEDICAL CERTIFICATION

FILED MAR 8 1963	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri b. COUNTY Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 30 East 32nd. Terr.	d. STREET ADDRESS (if outside, give location) 30 East 32nd. Terr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First EDITH	Middle U
Last SIMON	4. DATE OF DEATH Month February Day 14 Year 1963
5. SEX Female	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 2-11-1926
9. AGE (last birthday) 36	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Hagen, Germany	12. CITIZEN OF WHAT COUNTRY Canada
13a. FATHER'S NAME Franz Kluczowski	13b. MOTHER'S MAIDEN NAME Theresa Leifhelm
14. NAME OF HUSBAND OR WIFE Alberto P. Simon	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.	17. INFORMANT Address Mr. Alberto P. Simon 30 E. 32nd. Terr.
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Brain Tumor, metastatic	
DUE TO (b) L. Breast Carcinoma	
DUE TO (c)	
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 checked="" 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 2-11-63 to 2-14-63 and last saw her/him alive on 2-14-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert W. Forts Young (Degree or title)	22b. ADDRESS 4320 Wornard Rd.
22c. DATE SIGNED 2-15-63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 2-18-63
23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	
23d. LOCATION (City, town, or county) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar	25. DATE RECD. BY LOCAL REG. 2-15-63
26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Dorsey
4320 Hornall

Je 1-3305

Tue: 1:30 to 2:00

Take black ink

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

Clayton J. Dickson

Licensed Embalmer No. 5120

P. O. Address KC 4, mo.

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.