

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **24807**

FILED JUL 20 1944

Primary Registration District No. **3008**

Registrar's No. **198**

1. PLACE OF DEATH:

(a) County **Callaway**
 (b) City or town **Fulton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Callaway County Hospital** **0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 days** (Specify whether)
 In this community **Lifetime**
 years, months or days)

3. (a) PRINT FULL NAME **LESTER WALLACE SIMS**

3. (b) If veteran, **No** name war. 3. (c) Social Security **None** No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary E. Sims** 6. (c) Age of husband or wife if alive **98** years
 7. Birth date of deceased **July 25 1873**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 13 hr. min.

9. Birthplace **Callaway County, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Horse trainer**

11. Industry or business **Horseman**

12. Name **W. W. Sims**
 13. Birthplace **Ky.**
 14. Maiden name **Mary Frances Johnson** (State or foreign country)
 15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Lawrence Sims**
 (b) Address **Fulton Mo.**

17. (a) **Burial** (b) Date thereof **6-12-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest Cemetery**

18. (a) Signature of funeral director **Wallace funeral Home**

(b) Address **Fulton, Mo. D. C. Browning, Mgr.**

19. (a) **6-11-1944** (b) **Jesse M. M. M. M.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway** **14**
 (c) City or town **Fulton** **1**
 (If outside city or town limits, write "RURAL") **2**
 (d) Street No. **810 Grand Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **U**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**,
 year **1944** hour **2** minute **32** P. M.

21. I hereby certify that I attended the deceased from **May 28**, 1944, to **June 8**, 1944;
 that I last saw him alive on **June 8**, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death **chr. myocarditis**
 Due to **arteriosclerosis** years
acute gastro-intestinal weeks
 Due to **(organism not known)**

Other conditions.
 (Include pregnancy within 3 months of death)

Major findings: **none** **F20a**
 Of operations **none**
 Of autopsy **none**
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature **Henry D. M.** (M. D. or other) **h. D.**
 Address **Fulton, Mo.** Date signed **6/9/44**

1147 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-19-44

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, E. E. White, by

....., Registered Apprentice No.,
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4-168

P. O. Address Fulton, 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 this body is not embalmed, fact should be so stated above.