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FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6880**

FILED MAR 12 1945
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **60**

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

1. PLACE OF DEATH:

(a) County... **Pettis**

(b) City or town... **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
605 East 11th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **25 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clarence D. Sims**

3. (b) If veteran, name war... **none**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lucinda Lemon Sims**

6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... **November 25, 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	2	26	hr. min.

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

10. Usual occupation... **Farmer Retired**

11. Industry or business... **Agriculture**

12. Name... **Edward Sims**

13. Birthplace... **Versailles, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name... **Anna Williams**

15. Birthplace... **unknown, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Mrs. Lucinda Sims (wife)**

(b) Address... **605 East 11th, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof... **2/24/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Crown Hill**

18. (a) Signature of funeral director... **Dorane Ewing**

(b) Address... **Sedalia, Mo.**

19. (a) **2/26/45** (b) **Mrs. Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Pettis**

(c) City or town... **Sedalia**

(d) Street No. **605 East 11th**
(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country...

20. DATE OF DEATH: Month... day...
year **1945** hour... **9:45** minute... **A.M.**

21. I hereby certify that I attended the deceased from **December 24, 1944** to **February 21, 1945**
that I last saw him alive on **Feb 21, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death... **Arteriosclerosis**

Due to... **Myocarditis and nephroses follow**

Due to... **Pneumonia**

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

Major findings: Of operations... Of autopsy...

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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)... **no**

(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?

While at work? (Specify type of place) (e) Means of injury... **C**

23. Signature... **Clarence D. Sims** (M. D. or other)
Address... **Sedalia Mo** Date signed... **2/24/45**

1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-8-75

Handwritten signature/initials

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Shane Ewing*

Licensed Embalmer No. *78747*

P. O. Address. *Seaside 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..