

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1948
Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 16071
Registrar's No. 376

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Rural - South Campbell Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **OZARK OSTEOPATHIC HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hrs. 20 Min**
(Specify whether
In this community **2 hrs. 20 min.**
years, months or days)

3. (a) PRINT FULL NAME **Baby Phil Sims**

3. (b) If veteran, name war **XXX** 3. (c) Social Security No. **XX**

4. Sex **Male** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **XX**
6. (b) Name of husband or wife **XXXXX** 6. (c) Age of husband or wife if alive **XXX** years
7. Birth date of deceased **May 3, 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. 20 min.

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

10. Usual occupation **XXXX**

11. Industry or business **XXXX**

MOTHER FATHER { 12. Name **Mr. James M. Sims**
13. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Joan Collins**
15. Birthplace **Selmore, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. James M. Sims**
(b) Address **Ozark, Missouri**

17. (a) **Burial** (b) Date thereof **May 3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highlandville**

18. (a) Signature of funeral director **T. B. Chaffin**
(b) Address **Ozark, Mo.**

19. (a) **5/3/48** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Christian** 22
(c) City or town **Highlandville, Mo.** 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3rd**
year **1948** hour **4** minute **A. M.**
5-3-48

21. I hereby certify that I attended the deceased from **5-3-48** 19.
to **5-3-48** 19.
that I last saw him alive on **5-3-48** 19.
and that death occurred on the date and hour stated above.
Immediate cause of death. Duration

Premature and immature

Due to

Due to

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

Major findings:
Of operations **15**
Of autopsy **15**
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 (e) Means of injury **2**
23. Signature **Richard W. Mitchell** (M. D. or other) **Do**
Address **Ozark, Mo.** Date signed **5-3-48**

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 _____

not embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

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.