

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Freely 12:15 A.M.

State File No. 291976

FILED SEP 20 1949

S. No. 300
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>10</u>	PRIMARY REG. DIST. NO. <u>3002</u>	Registrar's No. <u>161</u>
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>	c. LENGTH OF STAY (In this place) <u>15 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>321 So. Barr St.</u>		
3. NAME OF DECEASED a. (First) <u>THOMAS</u> (Type or Print)		b. (Middle) <u>Henry</u>	c. (Last) <u>Sims</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-12-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 2-1871</u>	9. AGE (In years, if UNDER 1 YEAR last birthday) Months Days Hours Min. <u>77 9 10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mathew H. Sims</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Stone</u>	14. NAME OF HUSBAND OR WIFE <u>Theissa Sims</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Theissa Sims, Centralia, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardes Nephritis</u> ANTECEDENT, CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5/3X</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>August 27 1949</u> , to <u>September 12 49</u> , that I last saw the deceased alive on <u>Sept. 11, 1949</u> , and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree of title) <u>Francis Jolley M.D.</u>		23b. ADDRESS <u>117 E. Monroe, Mexico, Mo.</u>	23c. DATE SIGNED <u>9/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 24 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 14-1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howe O. Ballew - Centralia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 19 1949
District Health Officer No. 10
District File Number 9-49-1608
SEP 19 1949
Date Filed _____

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
Student Embalmer

Signed Paul G. Baller

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.