

FILED SEP 21 1949  
Dr. Bohrer

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29502

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>389</u>		PRIMARY REG. DIST. NO. <u>376</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>New Bloomfield</u> c. LENGTH OF STAY (in this place) <u>5 1/2</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ingram Corner Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>26</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> d. STREET ADDRESS (If rural, give location) <u>1832 West Main Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Gerland</u>		c. (Last) <u>Sims</u>	
4. DATE OF DEATH		Month <u>Sept</u>		Day <u>5</u>		Year <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Apr-16-1866</u>		9. AGE (in years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lynchburg, Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Chiles</u>		14. NAME OF HUSBAND OR WIFE <u>J.D. Sims</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ned P. Sims, Jefferson City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive</u> DUE TO (c) <u>Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 yrs</u> <u>331X</u>	
19a. DATE OF OPERATION		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) (Min.)		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>1-2</u> to <u>9-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-3</u> , 19 <u>49</u> and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward R. Bohrer, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>9-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-8-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>River View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 12-49</u>		REGISTRAR'S SIGNATURE <u>LeRoy Clapp</u>		39 <u>Funeral Director's Signature</u> <u>W. R. G. Gorman</u>		ADDRESS <u>Jefferson City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 16 1949

District Health Officer No. 9,

District File Number \_\_\_\_\_

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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 Leard P. Nulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.