

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34415

FILED OCT 18 1949

State File No. 340

BIRTH NO. 2934-49 REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 3043 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - New London</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>R. R. # 2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MICHAEL</b> b. (Middle) <b>ALLEN</b> c. (Last) <b>SIMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 2, 1949</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Jan. 4, 1949</b>
9. AGE (In years last birthday) <b>8</b>		10. AGE (In years last birthday) <b>8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) <b>Hannibal, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>DeForrest Sims, Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Jo Ann Gray</b>	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) -----	
16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <b>New London</b> <b>DeForrest Sims, Jr., R. R. # 2</b>	

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) <b>Inquest Pending</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Suffocation</b>  DUE TO (c) -----  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -----		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Place</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>East Hannibal</b> (STATE) <b>Ill.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 - 2 - 49</b> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>auto accident</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Crawford Smith</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>3902 Broadway Hannibal Mo</b>		23c. DATE SIGNED <b>10-6-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10/3/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Ralls county, Missouri</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Kathryn A. Schwartz</b> ADDRESS <b>Hannibal Mo</b>			
DATE REC'D BY LOCAL REG. <b>10-7-49</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Luckel</b> Deputy <b>Dr. E. M. Luckel</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.