

FILED JAN 11 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 41566

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		c. LENGTH OF STAY (in this place) 1 yr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 So. 1st St.		d. STREET ADDRESS (If rural, give location) 104 So 1st St.	
3. NAME OF DECEASED (Type or Print) Steve Alexander Sims		4. DATE OF DEATH (Month) (Day) (Year) Dec 17 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1879 Nov. 10 - 1979
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe line		9b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years) (last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe line		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years) (last birthday) 70
11. BIRTHPLACE (State or foreign country) Odessa, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac Sims		13b. MOTHER'S MAIDEN NAME Kate Kesterson	
13c. FATHER'S NAME Isaac Sims		14. NAME OF HUSBAND OR WIFE Mary Sims	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Sullivan		ADDRESS Odessa, Mo.	
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis, Hypertension DUE TO (c) And Latent Lues. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral insufficiency	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1, 282	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) m.	
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 Oct 1, 1949, to Dec 16, 1949, that I last saw the deceased alive on Dec 16, 1949, and that death occurred at 12:34 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Martin, M.D.		23b. ADDRESS O. Jesse, M.D.	
23c. DATE SIGNED 12/17/49		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-18-49	
24c. NAME OF CEMETERY OR CREMATORY Concord Cem.		24d. LOCATION (City, town, or county) (State) Lafayette Co. Mo.	
DATE REC'D BY LOCAL REG. Dec 18 1949		REGISTRAR'S SIGNATURE 153 Letta Drummond	
25. FUNERAL DIRECTOR'S SIGNATURE Blinnett & Sons		ADDRESS Odessa, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 4

District Health Officer No. 8,

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

Date Filed 1-10-50

JAN 24 1950

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 Horace Blunice

Licensed Embalmer No. 2758

P. O. Address Odessa 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.