

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3975

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 149	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 75 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Littlett Nursing Home 1213 N. 10th				d. STREET ADDRESS (If rural, give location) 1517 S. 19th 0			
3. NAME OF DECEASED (Type or Print) Sarah		a. (First) S.		c. (Last) Sims		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1950	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 14, 1855	
9. AGE (In years last birthday) 94		10. MONTHS 2		11. BIRTHPLACE (State or foreign country) Penna., Pittsburg		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Kaye		13b. MOTHER'S MAIDEN NAME Jane Emma Smith		14. NAME OF HUSBAND OR WIFE Daniel L. Sims			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Madge Hensley, St. Joseph, 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, asthenia, 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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis 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 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 10, 1949, to Feb. 5, 1950, that I last saw the deceased alive on Feb. 5, 1950, and that death occurred at 8:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. Elliott M.D.				23b. ADDRESS 801 1/2 Francis St. Joseph, Mo.		23c. DATE SIGNED Feb. 7, 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/8/50		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Feb. 10, 1950		REGISTRAR'S SIGNATURE K. B. Jenkins		382 25. FUNERAL DIRECTOR'S SIGNATURE R. H. Brown		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Asp

L. Elliott

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.

Signed William Spallin

Signed _____
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th, W. Bagley St.

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.