

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16249
State File No. 0770

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>	c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville - Lebanon Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>near - Pleasant Green, Mo.</u>	
3. NAME OF DECEASED (Type or Print) <u>WARDIE - SIMMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-25-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan-20-1891</u>
9. AGE (In years) (last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tannery</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Simms</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Leitch DeFoe</u>	
14. NAME OF HUSBAND OR WIFE <u>(Deceased)</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>Tom Rimm</u>	
18. ADDRESS <u>Pleasant Green, Mo.</u>		19. ADDRESS <u>Boonville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>May 27, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stomach</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>	
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>Dec 1949</u> to <u>May 20, 1950</u> , that I last saw the deceased alive on <u>May 19, 1950</u> , and that death occurred at <u>7:10 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>M R Decker</u>		23b. ADDRESS <u>Boonville Mo</u>	
23c. DATE SIGNED <u>5/25/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Pleasant Green Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Hunter</u>	
25. ADDRESS <u>Pleasant Green, Mo.</u>		DATE REC'D BY LOCAL REG. <u>May 27-1950</u>	
REGISTRAR'S SIGNATURE <u>D. Hooper</u>		381	

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

RECEIVED

JUN 5

District Health Officer No. 8,

District File Number.....

Filed 6/7/50

JUL 25 1950

JUN 8 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 myself

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Raymond E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove

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.