

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17830
State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>6006</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD#1 Cairo</u>				d. STREET ADDRESS (General, give location) <u>RFD#1 Cairo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>COOPER</u> c. (Last) <u>SIMS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May - 20 - 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July - 8 - 1878</u>	
9. AGE (In years, if under 1 year last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Chariton Co. MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Sims</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Brown</u>		14. NAME OF HUSBAND, OR WIFE <u>Ra 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>Mrs. Ra Sims RFD#1 Cairo 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>May 20, 1950</u> , to <u>May 20, 1950</u> , that I last saw the deceased alive on <u>May 20, 1950</u> , and that death occurred at <u>9:55 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Dreyer M.D.</u>				23b. ADDRESS <u>Huntsville, Mo.</u>		23c. DATE SIGNED <u>5/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>May - 23 - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirkland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moherby Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 23-50</u>		REGISTRAR'S SIGNATURE <u>John Breckman</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Now Funeral Home</u>		ADDRESS <u>Moherby MO.</u>	

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

RECEIVED MAY 30 1950
District Health Officer No. 10
District File Number 5-57-907
Date Filed _____

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 _____
Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moherly 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.