

S. No. 300
V. 10.48

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19786

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5309 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE TWP MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Boonville, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0270</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u> b. (Middle) _____ c. (Last) <u>Sims</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29-1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCT-18-1871</u>			9. AGE (Years) (Months) (Days) <u>78 8 11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>
11. BIRTHPLACE (State or foreign country) <u>COOPER COUNTY, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>ISAAC BROWNFIELD</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE GORLEY</u>		14. NAME OF HUSBAND OR WIFE <u>EDWARD SIMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ROY SIMS</u> 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestion Heart Failure</u> ANTECEDENT CAUSES <u>arteriosclerotic cardiovascular disease</u> Morbidity 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. _____		INTERVAL BETWEEN ONSET AND DEATH <u>± 1 hour</u> <u>2+ years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 6-29-50, 1950, to 6-29-50, 1950, that I last saw the deceased alive on 6-29-50, 1950, and that death occurred at 10¹⁵ a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>		23b. ADDRESS <u>329 Main St. Boonville, Mo.</u>		23c. DATE SIGNED <u>6-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RURAL</u>		24b. DATE <u>JULY-1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>	

DATE REC'D BY LOCAL REG. <u>Jamie 30-50</u>		REGISTRAR'S SIGNATURE <u>D. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GOODMAN AND BOLLER</u> ADDRESS <u>BOONVILLE MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0270

Mo

RECEIVED
DISTRICT HEALTH OFFICE No. _____
District File Number _____
Date Filed 7.6.50

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 Walter E. Meyer

Licensed Embalmer No. 04491

P. O. Address Boonville, 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.