

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

183

State File No.

FILED FEB 6 1951

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 35118 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocheport</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocheport</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 Missouri Township</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 Missouri Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATHEW</u> b. (Middle) <u>ANDERSON</u> c. (Last) <u>SIMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1951</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>Nov. 27, 1900</u>
9. AGE (In years last birthday) <u>50</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Mathew Anderson Sims</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Asbury</u>	
14. NAME OF HUSBAND OR WIFE <u>Audrey Barre Sims</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>495-12-0935</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mathew A. Sims, Rocheport, 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>CARCINOMA OF BLADDER</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>NONE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>	
19a. DATE OF OPERATION <u>AUG 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF URINARY BLADDER</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) <u>MISSOURI BOONE MISSOURI</u>	
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 <u>1-25</u> , 19 <u>51</u> , to <u>2-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>51</u> , and that death occurred at <u>9:30p m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>M. E. Kunkin M.D.</u>		23b. ADDRESS <u>401 GUITAR BLVD. COLUMBIA MO</u>	
23c. DATE SIGNED <u>2-2-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barber Funeral Service, Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 2 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2551
DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-5-51

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 Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.