

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH3696
State File No.

BIRTH NO. 0043 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Andrain</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>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>602 So Jefferson St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>Angie</u> c. (Last) <u>Sims</u>			
DATE OF DEATH (Month) (Day) (Year) <u>Feb 10-1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-4-1908</u>
9. AGE (In years last birthday) <u>42</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.C. LeCount</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH Fountain</u>	14. NAME OF HUSBAND OR WIFE <u>J.R. 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>J.R. Sims</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical Shocking</u> ANTECEDENT CAUSES <u>Intestinal Obstruction (died during operation)</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Post-operative Hernia</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>2-10-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal Obstruction - small bowel</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>15 mins.</u> <u>24 hrs ?</u> <u>56 hrs</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XX</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XX</u>	
22. I hereby certify that I attended the deceased from <u>Feb 8-</u> , 1951, to <u>Feb 10</u> , 1951, that I last saw the deceased alive on <u>Feb 10</u> , 1951, and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank J. O'Brien M.D.</u>		23b. ADDRESS <u>111 E Monroe Medical Mo</u>	
23c. DATE SIGNED <u>Feb 10-51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Centralia Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Ballou, Centralia, Mo.</u>	
25a. DATE REC'D BY LOCAL REG. <u>Feb 12-1951</u>		25b. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: FEB 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 1951-51-447
Date Filed: FEB 26 1951

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Paul L. Ballou*

Licensed Embalmer No. *4206*

P. O. Address *Centerville, 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.