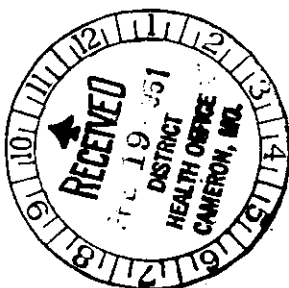


THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4217**

BIRTH NO. _____		REG. DIST. NO. <b>74</b>		PRIMARY REG. DIST. NO. <b>5298</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Clinton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>			
b. CITY OR TOWN <b>Rural LA</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Rural</b>		0250	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 1/2 NW. Plattsburg, MO.</b>				d. STREET ADDRESS (If rural, give location) <b>8 1/2 NW. Plattsburg, MO.</b>			
3. NAME OF DECEASED (Type or Print) <b>Louisa</b>		a. (First) <b>Scirelda</b>		b. (Middle) <b>Sims</b>		c. (Last)	
4. DATE OF DEATH <b>2 12 1951</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>12/13/1869</b>		9. AGE (In years last birthday) <b>81</b>		10. MONTHS <b>1</b>		11. DAYS <b>29</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George W. Page</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Roy</b>		14. NAME OF HUSBAND OR WIFE <b>George L. Sims</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>George L. Sims</b>		ADDRESS <b>Plattsburg MO</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Permanence of dementia</b>  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.  2900				INTERVAL BETWEEN ONSET AND DEATH <b>13 yrs</b>	
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 _____, 1948 to <b>Feb 12 1951</b> , that I last saw the deceased alive on <b>Feb 11, 1951</b> , and that death occurred at <b>2:30 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. B. Shadley MD</b>		(Degree or title)		23b. ADDRESS <b>Plattsburg Mo</b>		23c. DATE SIGNED <b>Feb 12-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-14-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton Co., MO.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 14-1951</b>		REGISTRAR'S SIGNATURE <b>Elizabeth Scarce</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Lyon</b>		ADDRESS <b>Plattsburg MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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



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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 \_\_\_\_\_

*Donald D. Lyon*

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.