

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12803

State File No.

1643

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LENEXA	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL		d. STREET ADDRESS (If rural, give location) SYCAMORE STREET	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) H	c. (Last) SIMS	4. DATE OF DEATH (Month) (Day) (Year) APRIL 14 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH APRIL 28 1871	9. AGE (In years last birthday) Months Days 79	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (State or foreign country) MEXICO MISSOURI	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME JAMES M SIMS	13b. MOTHER'S MAIDEN NAME LOUISA GOATLEY	14. NAME OF HUSBAND OR WIFE ETHEL SIMS (DECEASED)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 512-16-3627	17. INFORMANT'S SIGNATURE OR NAME ROBERT Z. SIMS	ADDRESS OLATHE KANSAS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOTATIC PNEUMONIA		30 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UREMIA DUE TO (c) NEPHRITIS.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY			TWO MO. 593X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-9, 1951, to 4-14, 1951, that I last saw the deceased alive on 4-14, 1951 and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE Chas. A. Schwab (Degree or title) <i>Dr. Chas. A. Schwab M.D.</i>	23b. ADDRESS Doerland Park, Kan	23c. DATE SIGNED 4-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE APRIL 15, 1951	24c. NAME OF CEMETERY OR CREMATORY LENEXA KANSAS CEMETERY	24d. LOCATION (City, town, or county) (State) LENEXA KANSAS JOHNSON COUNTY
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DATE REC'D BY LOCAL REG. 4-15-51	REGISTRAR'S SIGNATURE <i>Sheralding Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H.E. Julien</i>	ADDRESS OLATHE KANSAS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Chester L. Fleming*

Licensed Embalmer No. *2307*

P. O. Address *Clatsop, Oregon*

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.