

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27184  
3185

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>10 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>2107 Olive St 300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2107 Olive St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u> b. (Middle) _____ c. (Last) <u>Sims</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July-22-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May-30-1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>I Don't Know</u>	11. BIRTHPLACE (State or foreign country) <u>Jacksonville Tex</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S.A.</u>
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13a. FATHER'S NAME <u>Todd Sims</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Gussie Sims (Dec.)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If in active war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>459-09-8612</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Gertrude Reid 805 Mosage St</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Bronchial Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>29h</u>
	ANTECEDENT CAUSES <u>Bilateral Interstitial Fibrosis</u> Morbid conditions, if any, giving rise to the above cause (a) having the underlying cause last.		
	DUE TO <u>Possibly genetic origin</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>History from son Knapp</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. P. Carrigan</u>	23b. ADDRESS <u>1612 E 12th</u>	23c. DATE SIGNED <u>7/24/51</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>K. C. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-25-51</u>	REGISTRAR'S SIGNATURE <u>Suzanne Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>West Appleton &amp; Jones</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

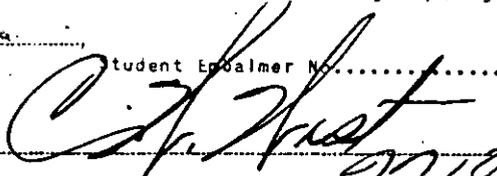
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed



Student Embalmer No. ....

Licensed Embalmer No. 2710

P. O. Address R. C. 310.

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.