

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37463

State File No.

5000

FILED DEC 1 1951

BIRTH NO. 76791-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1082 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. STREET ADDRESS (If rural, give location) 1416 Forest	
3. NAME OF DECEASED (Type or Print) a. (First) (Infant)		b. (Middle) Mims	
c. (Last) Mims		4. DATE OF DEATH (Month) (Day) (Year) 11 8 51	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 11-7-51
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 18 HRS. Hours Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Johnny Mims		13b. MOTHER'S MAIDEN NAME Virginia Garnett	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia G. Mims	
18. ADDRESS 1416 Forest		19. ADDRESS 1416 Forest	

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) Extensive diffuse subarachnoid interstitial cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7.600		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)	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 11-7-51, 19, to 11-8-51, 19, that I last saw the deceased alive on 11-8-51, 19 51, and that death occurred at 11:30a m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR E. Frank	(Degree or title) M.D.	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 11-15-51
24a. DATE REC'D BY LOCAL REG 11-22-51	24b. DATE 11-21-51	24c. NAME OF CEMETERY OR CREMATORY Fields	24d. LOCATION (City, town, or county) (State) ITC Jackson MO
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS ITC MO	

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

not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed *Wm A Schuyler*

Signed.....

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *NE MD*

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.