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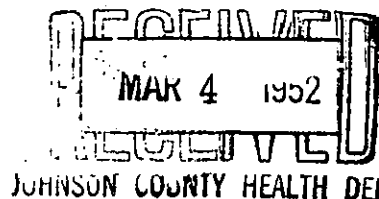
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 6 1952		THE DIVISION OF HEALTH OF MISSOURI		STANDARD CERTIFICATE OF DEATH		State File No. 5555	
BIRTH NO.		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY OR TOWN Warrensburg		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Warrensburg		05120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center				d. STREET ADDRESS (If rural, give location) 313 West Culton Street			
3. NAME OF DECEASED (Type or Print) Robert		a. (First)		b. (Middle) Grant		c. (Last) Sims	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 6, 1919	
9. AGE (In years last birthday) 32		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work		10b. KIND OF BUSINESS OR INDUSTRY Pipeline		11. BIRTHPLACE (State or foreign country) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Grover Sims		13b. MOTHER'S MAIDEN NAME Myrtle Unice Hayes		14. NAME OF HUSBAND OR WIFE Norma Fosdick Sims			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW II		16. SOCIAL SECURITY NO. 492-14-0595		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.G. Sims, Warrensburg, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion-Car accident- Pt. ANTECEDENT CAUSES remained unconscious DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Highway (US 50)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pittsville Johnson Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 22, 1952 m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 051 Car Accident			
22. I hereby certify that I attended the deceased from 22 Feb, 1952 to 27 Feb, 1952, that I last saw the deceased alive on 6pm, 27 Feb 1952, and that death occurred at 11 pm m., from the causes and on the date stated above.							
23a. SIGNATURE T. Reed Maxson		(Degree or title) M.D.		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 28 Feb 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
DATE REC'D BY LOCAL REG. Feb. 28, 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips, Warrensburg, Mo.			

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1952 MAY 9 AM 7

1952 DEC 11 AM 11



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 Embalmer No.

Signed.....
Student Embalmer

Signed J Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.