

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19137**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **81**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Vernon	b. CITY (If outside corporate limits, write RURAL and give township) Nevada	a. STATE Missouri	b. COUNTY Vernon
c. LENGTH OF STAY (in this place) 34 year		c. CITY (If outside corporate limits, write RURAL and give township) Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital		d. STREET ADDRESS (If rural, give location) State Hospital No. 3	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Ernest	c. (Last) Sims	4. DATE OF DEATH (Month) (Day) (Year) May 7 1952
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 1 1895	9. AGE (In years last birthday) 56	# UNDER 1 YEAR Months Days	# UNDER 6 WKS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital attndt.	10b. KIND OF BUSINESS OR INDUSTRY State Hosp.No.3	11. BIRTHPLACE (State or foreign country) Gordo, Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William B. Sims	13b. MOTHER'S MAIDEN NAME Martha Ann McAteer	14. NAME OF HUSBAND OR WIFE Effie Sims (Deed)
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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. 492 36 1546	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. D. Hill	ADDRESS 2212 Moss, North Little Rock, Ark.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation occurring in chronic Rheumatic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Aortic Stenosis DUE TO (c) Regurgitation.		
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 411X	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) 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 5-16-52 1952 to 5-7 1952 that I last saw the deceased alive on 5-7 1952 and that death occurred at 11a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ernest Davis MD</i>	(Degree or title)	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 5-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10, 1952	24c. NAME OF CEMETERY OR CREMATORY Cadmus Cemetery	24d. LOCATION (City, town, or county) (State) Cadmus Kansas
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DATE REC'D BY LOCAL REG. 5-12-1952	REGISTRAR'S SIGNATURE <i>Uma E. Ferry AS/</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ferry Funeral Home</i>	ADDRESS Nevada, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1082

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.....

[Handwritten Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. *1260*

P. O. Address. *Nevada 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.