

STANDARD CERTIFICATE OF DEATH

39463

State File No.

FILED DEC 15 1952

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> c. LENGTH OF STAY (In this place) <u>7 week</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>-Missouri</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> d. STREET ADDRESS (If rural, give location) <u>2117 Broadway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude T.</u> b. (Middle) <u>Sims</u> c. (Last) <u></u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 21, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 13, 1880</u>
9. AGE (In years last birthday) <u>72</u> 10. MONTHS <u>1</u> 11. DAYS <u>8</u> 12. HOURS <u></u> 13. MIN. <u></u>		14. BIRTHPLACE (City and State or Foreign Country) <u>Edwardsville Illinois</u>	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		16. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	
17. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		18. FATHER'S NAME <u>T F Terry</u>	
19. MOTHER'S MAIDEN NAME <u>Sarah Herring</u>		20. NAME OF HUSBAND OR WIFE <u>Pearl L. Sims</u>	
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		22. SOCIAL SECURITY NO. <u>None</u>	
23. INFORMANT'S SIGNATURE OR NAME <u>Pearl Sims Hannibal Missouri</u>		24. ADDRESS <u></u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial insufficiency</u>			
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (b) <u>coronary sclerosis</u>			
DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>10-28-52</u> , 19 <u>52</u> , to <u>11-21-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-21-52</u> , 19 <u>52</u> , and that death occurred at <u>7:25 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Evertsman M.D.</u> (Degree or title)		23b. ADDRESS <u>115 North 5th St., Hannibal, Mo.</u>	
23c. DATE SIGNED <u>12-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/25/1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/8/52</u>		REGISTRAR'S SIGNATURE <u>H. E. M. Luckie</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. M. Luckie</u>		ADDRESS <u>Hannibal Missouri</u>	

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

RECEIVED 12-11-52
MARION CO. HEALTH DEPT.
DATE FILED 12-12-52

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

W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.