

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42529

FILED JAN 6 1953

BIRTH NO.

REG. DIST. NO.

146

PRIMARY REG. DIST. NO.

3026

Registrar's No.

489

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) OR TOWN Independence			c. LENGTH OF STAY (In this place) 30 min.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3E Rural Blue			
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 128 North Willow Street					
3. NAME OF DECEASED (Type or Print) FRED		a. (First)		b. (Middle)		c. (Last) SIMS		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 23, 1894		9. AGE (In years) (Last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Car Factory		11. BIRTHPLACE (City and State or Foreign Country) Odessa, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Isaac Sims			13b. MOTHER'S MAIDEN NAME Katherine Kesteron			14. NAME OF HUSBAND OR WIFE Sallie Sims (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 486-05-2321		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Whisler, 132 N. Willow, K.C. Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		Acute coronary occlusion					
		ANTECEDENT CAUSES		DUE TO (b) arteriosclerotic heart disease					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		4200			
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?					
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 10:00 P.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Geo. C. Carson</i>				23b. ADDRESS 4050 Broadway St. Mo.				23c. DATE SIGNED 12-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 9, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Oak Grove, Missouri.			
DATE REC'D BY LOCAL REG. 12-9-52		REGISTRAR'S SIGNATURE <i>James D. ...</i>		FUNERAL DIRECTOR'S SIGNATURE (Name) Geo. C. Carson		ADDRESS Geo. C. Carson Funeral Home, Indep. Mo.			

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

Tom D. Marland

Licensed Embalmer No. 4592

P. O. Address Indep 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.