

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25159**
3391

FILED JUL 24 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u>) | | c. CITY OR TOWN <u>KANSAS CITY NORTH</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 1/2 YRS</u> | | e. STREET ADDRESS (If rural, give location) <u>5845 DEXTER</u> <u>5088</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>James</u> | b. (Middle) <u>Campbell</u> | c. (Last) <u>Sims</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 4 1953</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>MAR. 5, 1868</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Justice of Peace</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>WESTON, MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>ROBERT SIMS</u> | 13b. MOTHER'S MAIDEN NAME <u>MARGARET KENNEDY</u> | 14. NAME OF HUSBAND OR WIFE <u>GEORGIA SIMS</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>W. E. SIMS</u> | ADDRESS <u>2105 SWIFT N.K.C.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 Month</u> <u>2 months</u> <u>1 month</u> <u>4343</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombia</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Decongenation</u> DUE TO (c) <u>Pneumonia</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | 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 January 2, 1953, to July 4, 1953, that I last saw the deceased alive on 7-4-53, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R. D. Dwyer</u> (Degree or title) _____ | 23b. ADDRESS <u>1902 North Kan City Mo</u> | 23c. DATE SIGNED <u>7/6/53</u> |
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| 24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>7-7-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LAWSON CEM</u> | 24d. LOCATION (City, town, or county) (State) <u>LAWSON MO</u> |
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| DATE REC'D BY LOCAL REG. <u>7-7-53</u> | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Newcomer's N.K.C.</u> | ADDRESS <u>MO.</u> |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Glen H. Heil*.....

Licensed Embalmer No. *458*.....

P. O. Address *K.C. 16*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.