

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**80806**

State File No. ....

**FILED AUG 31 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4510 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osgood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osgood</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julia</u>	b. (Middle) <u>Caroline</u>	c. (Last) <u>Sims</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>August 23 1953</u>

5. SEX <u>Fe. /</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sep't 15 1870</u>	9. AGE (In years last birthday) <u>82</u>	# UNDER 1 YEAR Months	# UNDER 2 WEEKS Days	# UNDER 24 HRS. Hours	# MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Knoxville, Tenn. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Hampton Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Murphy</u>	14. NAME OF HUSBAND OR WIFE <u>XX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XX</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ralph Hatcher, Osgood, Mo.</u>	ADDRESS
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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, asphyxia, 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) <u>Bright's disease with terminal</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral degeneration and toxemia</u> DUE TO (c) <u>hypertension with albuminuria</u>		
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	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 May, 1952, to Aug, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 10:00 m, from the causes and on the date stated above.

23a. SIGNATURE <u>A. Walker Eter 200</u>	(Degree or title)	23b. ADDRESS <u>Salt Mo</u>	23c. DATE SIGNED <u>Aug 24</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Grove Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Osgood Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 27</u>	REGISTRAR'S SIGNATURE: <u>Brita Caldwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RK Payne</u>	ADDRESS <u>Wagon Salt Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1050  
S. No. 300  
V. 10.48

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**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

*PK Payne J*

Licensed Embalmer No. 3400

P. O. Address Galt

**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.