No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41167

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11504

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 15 15days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI PACIFIC HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: 8120 8
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DUPO
d. STREET ADDRESS (If rural, give location): 616 NORTH 2nd ST.

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): EDWARD
c. (Last): SIMS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 4 1953

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: DEC. 2, 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: M.O.P. Railroad
11. BIRTHPLACE (City and State or Foreign Country): Paragould Arkansas
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: William Foster Sims
13b. MOTHER'S MAIDEN NAME: Lucy Hudgrins
14. NAME OF HUSBAND OR WIFE: Thelma Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 702 16 5014
17. INFORMANT'S SIGNATURE OR NAME: Thelma Sims — ADDRESS: Dupo, Illinois

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Duodenal ulcer — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 5810

22. *I hereby certify that I attended the deceased from* NOV. 19, 1953, *to* DEC. 4, 1953, *that I last saw the deceased alive on* DEC. 3, 1953, *and that death occurred at* 5:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thaud E. Hasto M.D.
23b. ADDRESS: Mo. Pac. Hosp.
23c. DATE SIGNED: 12/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/6/53
24c. NAME OF CEMETERY OR CREMATORY: Center Hill
24d. LOCATION (City, town, or county) (State): Paragould, Arkansas

DATE REC'D BY LOCAL REG.: DEC 4 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Harold A Wachner — ADDRESS: Dupo, Illinois

(Licensed Embalmer's Statement on Reverse Side)

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 Harold A Washburn

Licensed Embalmer No. 4621

P. O. Address Hyde Park

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.