

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3976

State File No.

BIRTH NO. FILED MAR 1 1954		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				e. STREET ADDRESS (If rural, give location) 716 Fairview 0105			
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) Herman		c. (Last) Sims		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 13, 1904	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Plant Engineer		11. BIRTHPLACE (City and State or Foreign Country) Sandy Hook, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Plant Engineer		10b. KIND OF BUSINESS OR INDUSTRY Dairy		11. BIRTHPLACE (City and State or Foreign Country) Sandy Hook, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Turner Sims		13b. MOTHER'S MAIDEN NAME Rebecca Griffin		14. NAME OF HUSBAND OR WIFE Frona Violet Sims			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-10-8344		17. INFORMANT'S SIGNATURE OR NAME Paul Sims, Jr. ADDRESS Columbia, Mo.			
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) acute gastric hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) severe burn DUE TO (c) fracture pelvis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture pelvis				INTERVAL BETWEEN ONSET AND DEATH 30 hrs.	
19a. DATE OF OPERATION 2-11-54		19b. MAJOR FINDINGS OF OPERATION Rupture bladder, urinary				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Columbia (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 11, 1954 1 P.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Explosion steam boiler			
22. I hereby certify that I attended the deceased from 2-11-54 , to 2-16-54 , that I last saw the deceased alive on 16 Feb, 1954 , and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) Thomas W. Winkler				23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 2-16-54	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 19, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Columbia, Missouri	
DATE REC'D BY LOCAL REG. Feb. 20, 1954		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Lynard Spunkle ADDRESS Memorial Funeral Home, Columbia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lynard H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.