

FILED AUG 2-1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23859**

BIRTH NO. _____ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **4395** Registrar's No. **176**

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo. b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) GAINESVILLE		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN GAINESVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0770	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) NANNIE	b. (Middle) FRANKIE	c. (Last) SIMS	7-16-54		

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-13-1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY OLWA	11. BIRTHPLACE (City and State or Foreign Country) Ozark County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GARTHEN WHISNANT	13b. MOTHER'S MAIDEN NAME IDA HOGAN	14. NAME OF HUSBAND OR WIFE P.O. SIMS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 538-03-8037	17. INFORMANT'S SIGNATURE OR NAME P.O. SIMS, Gainesville, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatoid Arthritis		INTERVAL BETWEEN ONSET AND DEATH 1.3mo
	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.			

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)	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 **Nov 16, 1953**, to **July 14, 1954**, that I last saw the deceased alive on **July 14, 1954**, and that death occurred at **2 1/2 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) M.C. Haerman, M.D.	23b. ADDRESS Gainesville, Mo.	23c. DATE SIGNED 7-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-18-54	24c. NAME OF CEMETERY OR CREMATORY Sims	24d. LOCATION (City, town, or county) (State) P.O. - Ozark, Mo.
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DATE REC'D BY LOCAL REG. 7-31-54	REGISTRAR'S SIGNATURE Thana Mahan	461-0	25. FUNERAL DIRECTOR'S SIGNATURE Clickingband	ADDRESS Gainesville, Mo.
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(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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John R. Urey*.....

Licensed Embalmer No. *488*.....

P. O. Address *Harwood*.....

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.