

FILED AUG 18 1954

STANDARD CERTIFICATE OF DEATH

28282

State File No. ....

BIRTH NO. 76111-53 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Auxvasse</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>R. F. D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S t. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Sims</u> c. (Last) <u>Sims</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Nov. 14, 1953</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR: MONTHS <u>5</u> IF UNDER 24 HRS. Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain Hospital Mexico</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Jewell Sims</u>	13b. MOTHER'S MAIDEN NAME <u>Magdoline Key</u>	14. NAME OF HUSBAND OR WIFE
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 ADDRESS <u>Jewell Sims. Auxvasse, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic Pneumonia</u>		DUPLICATE		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE		
DUPLICATE		DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7, 1954, to 7-18, 1954, that I last saw the deceased alive on 7-18, 1954, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold B. Landon, M.D.</u>		23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>7/30/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-21-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8/2/54</u>	REGISTRAR'S SIGNATURE <u>NEM Lacker By JCF Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>AR VOLD FUNERAL HOME, MEXICO, MO</u>		

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

AUG 16 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED AUG 16 1954

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 *Edgar W. Laffoon*  
.....  
Licensed Embalmer No. *339*

P. O. Address *Merida, N.*

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.