

FILED FEB 7 - 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1768

BIRTH NO.

REG. DIST. NO. 209

PRIMARY REG. DIST. NO. 3043

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 Lindell (Residence)		e. STREET ADDRESS (If rural, give location) 812 Lindell	
3. NAME OF DECEASED (Type or Print) Louise M. Sims		4. DATE OF DEATH (Month) (Day) (Year) January 23, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 5, 1873
9. AGE (In years last birthday) 81		10. MONTHS 2	11. DAYS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Rolls County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Christian Horstmeyer		13b. MOTHER'S MAIDEN NAME Louise Kline	
13c. NAME OF HUSBAND OR WIFE Homer J. Sims (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Howard Sims		ADDRESS Hannibal Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease 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 4200	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-11-46 to 1-23-55, 19, that I last saw the deceased alive on 1-23, 1955, and that death occurred at 6:20 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS 100 N. Sixth, Hannibal, Mo.	
23c. DATE SIGNED 1-25-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/26/1955	
24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
DATE REC'D BY LOCAL REG. 1-28-55		REGISTRAR'S SIGNATURE H. E. M. Lucke By W. T. Fisher	
FUNDAL DIRECTOR'S SIGNATURE Hannibal Missouri		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1955
RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED FEB 4 1955

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.....
H. Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.