

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28625

FILED AUG 16 1955

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 153	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Marshall, Mo.</u> c. LENGTH OF STAY (in this place) <u>2 Day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline Hospital</u> ✓				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN <u>Elmwood Twn. Rural</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1 Mi. South of Mt. Leonard, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lutie</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Sims</u>	
4. DATE OF DEATH		a. (Month) <u>Aug.</u>		b. (Day) <u>10</u>		c. (Year) <u>1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 20-1898</u>	
9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>		11. IF UNDER 2 Hrs. Hours <u>1</u> Mins. <u>45</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sanford Sleeper</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Leinder</u>		14. NAME OF HUSBAND OR WIFE <u>Lonnie S. Sims</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Sims-Mt. Leonard, Mo.</u>			
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) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic cancer to kidneys & pelvic structures</u> DUE TO (c) <u>Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>2/5/51</u> , 19 <u>51</u> , to <u>8/10/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/10/55</u> , 19 <u>55</u> , and that death occurred at <u>8/10/55</u> , 19 <u>55</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>O. F. Harren D.D.</u>		23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>8/11/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Garden - Marshall, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 12-55</u>		REGISTRAR'S SIGNATURE <u>C. L. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deputy J. Leslie Sweeney</u>		ADDRESS <u>Marshall, Mo.</u>	
(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.....

Licensed Embalmer No...32

P. O. Address..Marshall

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.