

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32138

State File No.

BIRTH NO. 12502-55 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 8002 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) Mexico				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rush Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital				STREET ADDRESS (If rural, give location) Rural Linn Township			
3. NAME OF DECEASED (Type or Print) Peggy		a. (First)		b. (Middle) Lee		c. (Last) Sims	
4. DATE OF DEATH Oct. 13 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	
8. DATE OF BIRTH Mar. 9, 1955		9. AGE (In years last birthday) 7		IF UNDER 1 YEAR Months 4 Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jewell Sims		13b. MOTHER'S MAIDEN NAME Magdeline Key		14. NAME OF HUSBAND OR WIFE Child			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE AND NAME Mr. Jewell Sims ADDRESS Rush Hill, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Bacterial) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cytic Fibrosis of Pancreas DUE TO (c) 5872 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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)		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 3-9 , 1955 , to 10-13 , 1955 , that I last saw the deceased alive on 10-13 , 1955 , and that death occurred at 10:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. B. Doolittle (Degree or title)				23b. ADDRESS Do. Mexico, Mo.		23c. DATE SIGNED 10-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-15-1955		24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery		24d. LOCATION (City, town, or county) (State) Laddonia, Missouri	
DATE REC'D BY LOCAL REG. Oct 15-1955		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Arnold Funeral Home Mexico, 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, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard J. Williams*.....

Licensed Embalmer No. *482*

P. O. Address *Mexico*

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.