

10.300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37450

State File No.

FILED DEC 14 1955

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>JANE (R)</u>		c. CITY OR TOWN <u>JANE</u>	
c. LENGTH OF STAY (in this place) <u>40 YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		f. STREET ADDRESS (If rural, give location) <u>RURAH</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Richard</u> c. (Last) <u>Sims</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1955</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>11-11-1861</u>		9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>GREENE Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Burr Sims</u>		13b. MOTHER'S MAIDEN NAME <u>Liza A Montgomery</u>		14. NAME OF HUSBAND OR WIFE <u>Stehba Sims</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Sims</u>		ADDRESS <u>JANE, Mo. RT.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		DUE TO (b) <u>Senility</u>					
ANTECEDENT CAUSES		DUE TO (c)					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
II. OTHER SIGNIFICANT CONDITIONS		491 X					
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) (Min.)		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 6, 1955, to Dec 2, 1955, that I last saw the deceased alive on Dec 1, 1955, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. B. Sims</u>		23b. ADDRESS <u>Pineville Mo</u>		23c. DATE SIGNED <u>12/12/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-4-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Simsbury Cem</u>		24d. LOCATION (City, town, or county) (State) <u>JANE, Mo (R)</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>12-12-55</u>		REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. M. Humphrey</u>		ADDRESS <u>Pineville Mo</u>	
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1958 MAY 4

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 *J. M. Humphrey Jr.*

Licensed Embalmer No. *476*

P. O. Address *Noel, Mo.*

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.