

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1079

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield)		c. LENGTH OF STAY (In this place) 28 Yrs.	c. CITY OR TOWN Springfield
d. FULL NAME OF HOSPITAL OR INSTITUTION 2111 West Chestnut		e. STREET ADDRESS (If rural, give location) 2111 West Chestnut	

3. NAME OF DECEASED (Type or Print)	a. (First) MARION	b. (Middle) LUTHER	c. (Last) SIMS	4. DATE OF DEATH Feb. 3, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff & Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jamesville, Mo. Stone Co.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jim Sims	13b. MOTHER'S MAIDEN NAME Mary Ellen Woody	14. NAME OF HUSBAND OR WIFE Arizona Flood	2111 West Chestnut
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-01-6964	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Clark	ADDRESS Springfield, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic - Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Not known
	ANTECEDENT CAUSES Morbidity 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	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)	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 1-3-, 1954, to 2-3-, 1956, that I last saw the deceased alive on 1-31-, 1956, and that death occurred at 12:15P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Max Kotel</i>	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 2-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-1956	24c. NAME OF CEMETERY OR CREMATORY Flood Cemetery	24d. LOCATION (City, town, or county) (State) Stone Co., Missouri
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DATE REC'D BY LOCAL REG. 2-6-56	REGISTRAR'S SIGNATURE <i>Wm. Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Dean Harris</i>	ADDRESS Clever, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1958

FEB 14 1958

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. H. Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever, 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.