

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8841

FILED APR 2 - 1956

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5459 Registrar's No. 275

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, give TOWNSHIP only) OR TOWN Center Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Center Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Spgfd. RFD#4			Length of stay in 1b		d. STREET ADDRESS Spgfd. RFD#4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JAMES E. SIMS				First JAMES Middle E. Last SIMS		4. DATE OF DEATH March 23, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 17 Feb. 1927		
9. AGE (In years (last birthday)) 29		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		
11. BIRTHPLACE (City and state or country) Highlandville, Mo.				12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Claude E. Sims				14. MOTHER'S MAIDEN NAME Delpha L. Flood				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korea		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Joan Sims) Wife (Springfield, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound in head (Self inflicted)							INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted gun shot wound in head					
20c. TIME OF INJURY Hour Month, Day, Year 8:10 a.m. 3-23-56								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Farm		20f. CITY, TOWN, OR LOCATION Center Twsp.		COUNTY Greene		
						STATE Missouri		
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at 8:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>James E. Sims</i> Coroner				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 3-24-56		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-24-56		23c. NAME OF CEMETERY OR CREMATORY Pleasant View		23d. LOCATION (City, town, or county) (State) Stone County, Missouri		
24. FUNERAL DIRECTOR Harris Funeral Home			ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. 3-26-56		26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Remove Burial
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *Glen D. Williams*.....

Licensed Embalmer No. *46*

P. O. Address *Springfield*

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.