

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 19776  
Registrar's No. 373

FILED JUL 11 1956		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 4059		State File No. 19776		Registrar's No. 373		
BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>					2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neelyville</u>			c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>Neelyville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION					e. STREET ADDRESS <u>Gen. Del. Neelyville Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle)		c. (Last) <u>Sims Jr.</u>		4. DATE OF DEATH Month <u>6</u> Day <u>18</u> Year <u>1956</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>9-11-1880</u>		9. AGE (In years last birthday) <u>73</u> If UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
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 <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Robert Sims</u>			13b. MOTHER'S MAIDEN NAME <u>Matelda V.K.</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Sims</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Sims Neelyville Mo.</u>				ADDRESS	
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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) 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>2 days</u> <u>Unknown</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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 <u>June 16, 1956</u> to <u>June 18, 1956</u> that I last saw the deceased alive on <u>June 16, 1956</u> and that death occurred at <u>12:20 p.m.</u> from the causes and on the date stated above.										
23a. SIGNATURE <u>J. L. Smith</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Box 328 Neelyville Mo.</u>				23c. DATE SIGNED <u>6-21-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-21-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neelyville Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7/7/56</u>		REGISTRAR'S SIGNATURE <u>R. L. Muehle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Smith - Sedalia Mo.</u> ADDRESS						

RECEIVED  
JUL 9 1956  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 \_\_\_\_\_

*Frederic Smith*

Licensed Embalmer No. 44

P. O. Address Sikeston

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.