No. 300
10.48

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1828

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4269 Registrar's No. 12 (1957)

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corder
c. LENGTH OF STAY (In this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: Corder
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Main Street 540

3. NAME OF DECEASED (Type or Print)
a. (First): Willard
b. (Middle): David
c. (Last): Sims

4. DATE OF DEATH (Month) (Day) (Year): Jan 13 1957

5. SEX: Male
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 20, 1872
9. AGE (In years last birthday): 84 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Green County, Virginia
12. CITIZEN OF WHAT COUNTRY?: US
13a. FATHER'S NAME: Fortunatus Sims
13b. MOTHER'S MAIDEN NAME: Louise Runkle
14. NAME OF HUSBAND OR WIFE: Wille Carlton Sims
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: R. B. Lewis ADDRESS: Flordia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis — several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Embolus Right Brachial artery — 24 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-17, 1955, *to* 1-18, 1957, *that I last saw the deceased alive on* 1-13, 1957, *and that death occurred at* 3:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilbur E. Fulkerson M.D.
23b. ADDRESS: Higginsville Mo.
23c. DATE SIGNED: 1-24-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 15, 1957
24c. NAME OF CEMETERY OR CREMATORY: Lees Summit Cemetery
24d. LOCATION (City, town, or county) (State): Lees Summit MO.

DATE REC'D BY LOCAL REG.: Jan. 31-1957
REGISTRAR'S SIGNATURE: Clayton H Landrum
25. FUNERAL DIRECTOR'S SIGNATURE: Forest R. Wolfe
ADDRESS: Higginsville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 13 1957

APR 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Forest R. Hoefer

Licensed Embalmer No. 4801

P. O. Address Higginsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.