

State File No. **11996**

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State File No. 11000

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>111</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Mexico</u>		c. LENGTH OF STAY (in this place) <u>4 hrs.</u>		c. CITY OR TOWN <u>Mexico</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 (If not in hospital or institution, give street address or location) <u>Audrain County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1419 South Calhoun</u> <u>0043</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oma</u>		b. (Middle) <u>Roy</u>		c. (Last) <u>Sims</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 28, 1892</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Brick</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>J. O. Sims</u>			
13b. MOTHER'S MAIDEN NAME <u>Mollie Turner</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Ruby W. Sims</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>491-05-5646</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby W. Sims</u>	
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.				19. 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) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None Relative to both kidneys</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>331x</u>			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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? <u>2:00 AM</u> <u>230P7M</u>			
22. I hereby certify that I attended the deceased from <u>5-8-57</u> , 19 <u>57</u> , to <u>5-8-57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-8-57</u> , 19 <u>57</u> , and that death occurred at <u>230P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. W. Wengert</u>				23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>5-9-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May-9-1957</u>		REGISTRAR'S SIGNATURE <u>Berthe Reely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u>			
				ADDRESS <u>Mexico, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

9-0

1561 73 NMP

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.....

Licensed Embalmer No. 4685

P. O. Address Depue 740

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.