

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14173**
Registrar's No. **208**

FILED APR 22 1957

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 208	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 West 5th, St.				d. STREET ADDRESS (If rural, give location) 519 West 5th, St.			
3. NAME OF DECEASED (Type or Print) a. (First) OSCAR		b. (Middle) S.		c. (Last) SIMS		4. DATE OF DEATH (Month) (Day) (Year) April 18, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 16, 1879	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Metropolitan Life Insurance Co.		11. BIRTHPLACE (City and State or Foreign Country) Kennett County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Sims		13b. MOTHER'S MAIDEN NAME Anna Eliza Martin		14. NAME OF HUSBAND OR WIFE Ethel Baldwin Sims			
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. 491-07-5717		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Sims, 519 W. 5th, Sedalia, Mo.			
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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Arterio Sclerosis Hypertension 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1-yr			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 1-14 , 19 57 , to 4-17 , 19 57 , that I last saw the deceased alive on 4-16 , 19 57 , and that death occurred at 11:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. B. Boger M.D.				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 4/19/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/20, 1957		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 4-20-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Keckart Sedalia, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

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GILLESPIE FUNERAL HOME W. B. Boger

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
Student Embalmer

Signed Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.