

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25125

State File No. ....

FILED JUL 31 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jasper</b>		c. LENGTH OF STAY (In this place) <b>10 yrs.</b>	c. CITY OR TOWN <b>Jasper</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Main Street</b>		e. STREET ADDRESS (If rural, give location) <b>South Main Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Charley</b>	b. (Middle) <b>Ceborn</b>	c. (Last) <b>Sims</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 13, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 27, 1876</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Polk County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>William A. Sims</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Ann Box</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Hoffman</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ida Sims, Jasper, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia, bilateral</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b), <b>Marasmus</b>		
	DUE TO (c) <b>Lobar pneumonia, April 1957</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>A progressive, generalized paresis of several years' duration</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>490X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 \_\_\_\_\_, 1948, to July 13, 1957, that I last saw the deceased alive on July 13, 1957, and that death occurred at Missouri, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Darwin Magee, D.O.</b>	23b. ADDRESS <b>Jasper, Mo</b>	23c. DATE SIGNED <b>7/15/1957</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>July 16, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Paradise Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jasper County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-24-57</b>	REGISTRAR'S SIGNATURE <b>W. Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Martin Selvey</b>	ADDRESS <b>Jasper, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Asper County Health Officer  
County File Number 59-7-646  
Date Filed JUL 30 1957

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 George W. Newcomb  
Licensed Embalmer No. 4671  
P. O. Address Rockwood, N.C.

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.