

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35024
STATE FILE NUMBER
Registrar's No. 256

Registration District No. 47 Primary Registration District No. 3008

300
1-57

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Fulton TOWN		c. CITY OR TOWN Fulton 0143 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hosp.		d. STREET ADDRESS 7 E. 8th St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Frances Middle Ann Last Sims		4. DATE OF DEATH Month Oct. Day 25 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 17, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and state or country) Audrain County Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Lockridge		13b. MOTHER'S MAIDEN NAME Messeniah Sanford	
14. NAME OF HUSBAND OR WIFE Ollie 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. No		17. INFORMANT Mildred Tyler McCredie Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic myocarditis - congestive heart failure DUE TO (b) arteriosclerosis DUE TO (c) 4221 Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal Hypostatic pneumonia 10/18/57			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9/24/57 to 10/24/57 and last saw her alive on 10/24/57 Death occurred at 1 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Henry W. Smith M.D. (Degree or title)		22b. ADDRESS Fulton, Mo.	
22c. DATE SIGNED 10/26/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct. 27/57		23c. NAME OF CEMETERY OR CREMATORY Hillcrest	
23d. LOCATION (City, town, or county) Fulton Mo.		(State)	
24. FUNERAL DIRECTOR Maupin ADDRESS Fulton Mo		25. DATE RECD. BY LOCAL REG. Oct. 29-1957	
26. REGISTRAR'S SIGNATURE Maretha Lawrence			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 9 1958

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.....

P. O. Address.....

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.