

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43490
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 479

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Sturgeon			Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Boone Co. Hospital			Length of stay in lb 8 days	d. STREET ADDRESS (If outside, give location) -----			Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Lizzie Middle May Last Sims				4. DATE OF DEATH Month 12 Day 29 Year 1957				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Oct. 6, 1870		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Month 2 Day 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jim Jacks				14. MOTHER'S MAIDEN NAME Mary (Unknown)				
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. None		17. INFORMANT Mrs. Arthur Sims, Sturgeon, 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) Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction & Failure DUE TO (c) Arterio-sclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Right Pneumonitis							INTERVAL BETWEEN ONSET AND DEATH 11 Days	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Sturgeon		COUNTY Boone		
20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20h. CITY, TOWN, OR LOCATION Sturgeon		COUNTY Boone		STATE Mo.		
21. I attended the deceased from: Dec. 18, 1957 to Dec. 29, 1957 and last saw her alive on Dec. 28, 1957 Death occurred at 4:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Roland L. Wiggins, M.D.				22b. ADDRESS 201 N. 3rd St. Columbia, Mo.		22c. DATE SIGNED Dec. 31, 1957		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-31-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel		23d. LOCATION (City, town, or county) (State) Sturgeon Boone Co., Mo.		
24. FUNERAL DIRECTOR Bill J. Meador Sturgeon, Missouri		ADDRESS: -----		25. DATE RECD. BY LOCAL REG. Jan 4 1958		26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		

(Licensed Embalmer's Statement on Reverse Side)

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

Bill J. Meador

Licensed Embalmer No. 487

P. O. Address Sturgeon, Minn.

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.