

FILED APR 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013795

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 202

300

1-57

380

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Athens Township		c. CITY OR TOWN Stoutsville 0690	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So. of Albany		d. STREET ADDRESS (If outside, give location) 6 mos.	
3. NAME OF DECEASED (Type or print) First Middle Last Annie May Sims		4. DATE OF DEATH Month Day Year April 15, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1880
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
11. BIRTHPLACE (City and state or country) Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Daniel Burdett		13b. MOTHER'S MAIDEN NAME Lucy Ann Henson	
14. NAME OF HUSBAND OR WIFE Henry F. 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. None		17. INFORMANT Mrs. Raymond Lorenson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mural Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201 DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH 5 days	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. Month, Day, Year p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Albany Gentry Mo.	
21. I attended the deceased from 4-15-58 and last saw her alive on 4-15-58 Death occurred at 1:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Frank H. Rose, M.D.	
22b. ADDRESS Albany, Mo.		22c. DATE SIGNED 4-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Apr. 16, 58	
23c. NAME OF CEMETERY OR CREMATORY Stoutsville		23d. LOCATION (City, town, or county) (State) Monroe Co. Missouri	
24. FUNERAL DIRECTOR ADDRESS Clifford Brooks, Albany, Mo.		25. DATE RECD. BY LOCAL REG. 4-16-58	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

APR 30 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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Cochell.....

Licensed Embalmer No. 4060.....

P. O. Address Albany, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.