

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022923
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. <u>291</u>		Primary Registration District No. <u>3056</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u> OR TOWN <u>Moberly</u> c. FULL NAME OF (If NOT in hospital, give location) <u>Woodland Hospital</u> HOSPITAL OR INSTITUTION <u>1 Day</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Moberly</u> OR TOWN <u>883</u> d. STREET ADDRESS <u>722 S. Franklin</u> (If outside, give location) <u>Reside on Farm</u> Yes ☐ No ☐		
3. NAME OF DECEASED (Type or print) First <u>MARSHAL</u> Middle <u>ARNEL</u> Last <u>SIMS</u>			4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED ☐ NEVER MARRIED ☐	
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		9. WIDOWED ☐ DIVORCED ☐		10. DATE OF BIRTH <u>June-3-1958</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		12. KIND OF BUSINESS OR INDUSTRY <u>None</u>		13. BIRTHPLACE (City and state or country) <u>Moberly Mo.</u>	
14. FATHER'S NAME <u>Marshall Dewey Sims</u>			15. MOTHER'S MAIDEN NAME <u>Mattie Elizabeth Burton</u>		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give kind or dates of service)			17. SOCIAL SECURITY NUMBER <u>None</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock of Surgery in attempt to correct Meconium Ileus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>to correct Meconium Ileus</u> DUE TO (c) <u>None</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Short interval (weeks) Since Birth</u>		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒			20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>5872</u>		
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. TIME OF INJURY Hour <u>8:30 AM</u> Month <u>20</u> Day <u>June</u> Year <u>58</u>		
20c. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		
20e. CITY, TOWN, OR LOCATION <u>Moberly</u>			20f. COUNTY <u>Mo.</u>		
21. I attended the deceased from <u>8:30 AM 20 June 58</u> and last saw <u>him</u> alive on <u>20 June 58</u> Death occurred at <u>2:45 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			22. SIGNATURE <u>W. D. Chute, M.D.</u>		
22a. ADDRESS <u>208 1/2 N 4th, Moberly, Mo.</u>			22b. DATE SIGNED <u>21 June 58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>June-21-1958</u>		
23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>		
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6-21-58</u>		
26. REGISTRAR'S SIGNATURE <u>Leah Soure</u>			27. REGISTRAR'S SIGNATURE <u>Leah Soure</u>		

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56 0

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. (If 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.