

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032989
State File No.
4624

FILED OCT 15 1958

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>3-5-40 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home--3401 Central</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>3401 Central</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Sims</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 2, 1892</u>		9. AGE (In years last birthday) <u>66</u> If UNDER 1 YEAR: Months <u>2</u> Days <u>22</u> If UNDER 1 MRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale House</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Odessa Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Harrison Jones</u> 13b. MOTHER'S MAIDEN NAME <u>Laura Belle Case</u> 14. NAME OF HUSBAND OR WIFE <u>George Sims</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>491-22-0425</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred E. Jones</u> ADDRESS <u>K.C. Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1740</u> <u>3 yrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>yo</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>yo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>yo</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>yo</u>			
22. I hereby certify that I attended the deceased from <u>Sept 29, 1958</u> , to <u>Sept 30, 1958</u> , that I last saw the deceased alive on <u>Sept 30, 1958</u> , and that death occurred at <u>yo</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mrs. Cashebell</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>4000 Baltimore</u>		23c. DATE SIGNED <u>10/1/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 1, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olathe Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Olathe, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.L. Frye & Son</u>		ADDRESS <u>Olathe, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>10-1-58</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.L. Frye & Son</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
M. B. Casebolt



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 John H. Meyer, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed John H. Meyer

Licensed Embalmer No. 373

P. O. Address Clatskanie

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.