Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036620
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 149 Primary Registration District No. 1605 Registrar's No. 5063

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Lukes Hospital — Length of stay in Ib 2 days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Merriam — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) 7715 W. 55th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HOWARD Middle J. Last SIMS

4. DATE OF DEATH: Month Oct. Day 24 Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Jan 4, 1893

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Room Manager

10b. KIND OF BUSINESS OR INDUSTRY: F. W. Woolworth

11. BIRTHPLACE (City and state or country): Co. Grand Rapids, Mich.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph Milton Sims

13b. MOTHER'S MAIDEN NAME: Anna Belle Elliott

14. NAME OF HUSBAND OR WIFE: Mayme A. Sims

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 495-09-9771

17. INFORMANT: Ernest H. Sims, 7715 W. 55th Terrace Address Merriam, Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Adenocarcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 150X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 COUNTY STATE

21. I attended the deceased from June 1958, to Oct. 23 58 and last saw her/him alive on Oct 23 1958

Death occurred at 5:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. J. Coulter (Degree or title) MD

22b. ADDRESS Mission, Kas.

22c. DATE SIGNED 10-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-27-58

23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home Woodland-Linwood

25. DATE RECD. BY LOCAL REG. 10-27-58

26. REGISTRAR'S SIGNATURE Alva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

H. J. Coulter

Dr Lenth.
5829 Wood
Pa 2-1100

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 Melvin Barton

Licensed Embalmer No. 4903

P. O. Address K C 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.