

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040751

STATE FILE NUMBER

NOV 19 1950 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) 2119 Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PEARL Middle LESLIE Last SIMS			4. DATE OF DEATH Month NOVEMBER Day 12 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 19, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Nursery & Fruit	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 2 Days 23 Hours Min.
11a. FATHER'S NAME John W. Sims		11b. MOTHER'S MAIDEN NAME Angeline Coats	11c. NAME OF HUSBAND OR WIFE Maude Terry Sims (Dec)
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 Terren Sims, Hannibal Missouri Address 4201
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 3 days - 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 9 Nov 1958 to 12 Nov 1958 and last saw her alive on 12 Nov 1958 Death occurred at 5:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter Hamilton M.D.		22b. ADDRESS Hannibal Mo.	22c. DATE SIGNED 10/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/15/58	23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	23d. LOCATION (City, town, or county) Hannibal Ralls Missouri
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri		25. DATE REC'D. BY LOCAL REG. 11-15-58 REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. H. Fisher	

(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED NOV 18 1958
MARION CO. HEALTH DEPT.
DATE FILED NOV 23 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, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4540

P. O. Address.. Hannibal.. Missouri

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.