

Dr. Purcell

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043813

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1247

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BERRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>CASSVILLE</b> <i>0500</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		Length of stay in lb <b>1 DAY</b>	d. STREET ADDRESS (If outside, give location) <b>ROUTE # 1</b>
3. NAME OF DECEASED (Type or print) First <b>MATT</b> Middle <b>B.</b> Last <b>SIMS</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>26</b> Year <b>1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 28 1904</b>
9. AGE (In years last birthday) <b>54</b>	FUNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life or as retired) <b>COUNTY OFFICIAL</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TREASURER</b>	11. BIRTHPLACE (City and state or country) <b>CASSVILLE, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>S.T. SIMS</b>		13b. MOTHER'S MAIDEN NAME <b>VIRGINIA HOPKINS</b>	14. NAME OF HUSBAND OR WIFE <b>OPAL SIMS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <b>NO</b> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>488-24-4218</b>	17. INFORMANT Address <b>OPAL SIMS CASSVILLE, MO.</b>
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>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input 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.) <u>332</u>	
20c. TIME OF INJURY Hour _____ 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 <b>CASSVILLE</b>	COUNTY <b>BERRY</b> STATE <b>MO.</b>
21. I attended the deceased from <u>5-13-58</u> to <u>12-26-58</u> and last saw him alive on <u>12-26-58</u> Death occurred at <u>6:15 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Elmer M Purcell</u> (Degree or title)		22b. ADDRESS <u>M.D. 609 Cherry-Springfield, Mo.</u>	22c. DATE SIGNED <u>12-29-58</u>
23a. BURIAL, CREMATION, or other disposal (Specify) <b>BURIAL</b>	23b. DATE <b>12/29/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CORINTH CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>BERRY COUNTY, MO.</b>
24. FUNERAL DIRECTOR <b>WILLIAMSON FUNERAL HOME</b>		ADDRESS <b>CASSVILLE MO.</b>	25. DATE RECD. BY LOCAL REG. <u>12-29-58</u>
		26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 8 1959

JAN 23 1959

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 *Gene C. Hunted* .....

Licensed Embalmer No. *4739* .....

P. O. Address *Spfld, Md* .....

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.