Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000221
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Boone C. Hospital — Length of stay in lb: 18 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia 0105 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1313 Lakeview — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Tilford Middle: Last: Sims

4. DATE OF DEATH Month Day Year: Jan. 2 1959

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 29, 1896
9. AGE (In years last birthday): 62 — 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): City Police Judge
10b. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (City and state or country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. W. Sims
13b. MOTHER'S MAIDEN NAME: Mary Latimer
14. NAME OF HUSBAND OR WIFE: Ocie Sims

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.: 495-3495-36-0978
17. INFORMANT Address: Mrs. Tilford Sims Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs
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): 332X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

MEDICAL CERTIFICATION

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 Jan 1, 58, to Jan 2, 58 and last saw her/him alive on Jan 2, 58
Death occurred at 4:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): LeRoy J. Miller MD
22b. ADDRESS: 22 V 8th Columbia
22c. DATE SIGNED: 2 Jan 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 3, 1958
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
23d. LOCATION (City, town, or county) (State): Columbia, Mo.

24. FUNERAL DIRECTOR ADDRESS: Lyman Sprinkle Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Jan 2 1959
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(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.

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 Lyman W. Shinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, M

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.