

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004929

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 66

FILED MAR 9 1959

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Dixon</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Charles E. Still Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MELVIN LESTER SIMS</u>		4. DATE OF DEATH Month Day Year <u>March 4, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Jan. 28, 1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Torch Solderer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Soldering</u>	9. AGE (In years last birthday) <u>42</u>
11a. BIRTHPLACE (City and state or country) <u>Stoutsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John William Sims</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Henson</u>	
14. NAME OF HUSBAND OR WIFE <u>Imo Jean Sloan Sims</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Imo Jean Sims Dixon, Mo.</u>	
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>Acute Aggranulocytosis</u> DUE TO (b) <u>Nitrogen Mustard</u> DUE TO (c) <u>Lymphosarcoma - general</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2001</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mths</u> <u>6 MO</u>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo</u>		20f. COUNTY STATE	
21. I attended the deceased from <u>Feb 15-59</u> to <u>Mar 4-59</u> and last saw him alive on <u>March 4-59</u> Death occurred at <u>3:25 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Eugene E. Hake DO 2</u>		22b. ADDRESS <u>Jefferson City, Mo</u>	
22c. DATE SIGNED <u>Mar 6-59</u>		23a. BURIAL OR REMOVAL (City) <u>Burial</u>	
23b. DATE <u>Mar. 7, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Seaton Cemetery</u>	
23d. LOCATION (City, town, county) (State) <u>Marion Co. Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Victor Buescher JCMO</u>	
25. DATE RECD. BY LOCAL REG. <u>6 March 1959</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Dorrie, M.D. JR.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MAR 20 1959

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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 Victor Buesscher

Licensed Embalmer No. 3701
P. O. Address JCmo

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.