Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012211

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Audrain	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Willow Springs 0460 0 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain Hospital — Length of stay in 1b /- days	d. STREET ADDRESS (If outside, give location) R. F. D. — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print)	First: William	Middle: Arthur	Last: Sims	4. DATE OF DEATH Month: May Day: 1 Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Jan. 26, 1898	9. AGE (In years last birthday): 61 — 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): Salesman	10b. KIND OF BUSINESS OR INDUSTRY: Book	11. BIRTHPLACE (City and state or country): Harrisburg, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Rance Wade Sims	13b. MOTHER'S MAIDEN NAME: Julia Whitesides	14. NAME OF HUSBAND OR WIFE: Mrs. Lorene 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.: 431-28-0118	17. INFORMANT: Mrs. W. A. Sims	Address: RFD Willow Springs, Mo.	

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: at once

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — Several years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Right Ureteral Calculus 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 April 30, 59, to May 1, 59 and last saw him alive on April 30, 1959. Death occurred at 0600 May 1 1959A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lawrence K. Epple MD	22b. ADDRESS: Mexico Mo	22c. DATE SIGNED: 5-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 5-1-59	23c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery	23d. LOCATION (City, town, or county) (State): Thayer, Missouri
24. FUNERAL DIRECTOR: Leland Carter	ADDRESS: Thayer, Missouri	25. DATE RECD. BY LOCAL REG.: May 1-1959	26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard ... All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

LAWRENCE K. Epple, MD

JUN 5 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 Leo G. [illegible]

Licensed Embalmer No. 4780

P. O. Address [illegible]

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.