

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015730

STATE FILE NUMBER  
2 3488

FILED APR 24 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little Rock Hosp, Inc.			Length of stay in 1b 28 Days	d. STREET ADDRESS 1920 E. 12th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Walter William Sims				4. DATE OF DEATH Month Day Year April 6 1959				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 25, 1878		9. AGE (In years last birthday) 80	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) Pensr. Sheet Metal Worker			10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Bolivar, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James McGarity Sims			13b. MOTHER'S MAIDEN NAME Rebecca Clark		14. NAME OF HUSBAND OR WIFE Daisy Grable Sims			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 702-16-1610	17. INFORMANT Frank Sims		1620 E. 12th St. Sedalia, 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) Adeno carcinoma rectum D.O.R. <i>Jeppin</i> which gave rise to above cause (a), making underlying cause last. DUE TO (c) 4/8/59 154XF							INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Left patella							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Fall at home.					
20c. TIME OF INJURY Hour Month, Day, Year a.m. 3 11 0 59 p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Sedalia		COUNTY STATE Mo		
21. I attended the deceased from March 10, 1959 to April 6, 1959 and last saw him alive on 4/5/59 Death occurred at 5:40 A on the date stated above; and to the best of my knowledge from the causes stated.								
22a. SIGNATURE (Degree or title) John T. Vandover M.D.				22b. ADDRESS 1755 S. Grand Blvd.		22c. DATE SIGNED 4/6/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-6-1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Camet.		23d. LOCATION (City, town, or county) (State) Sedalia, Mo.			
24. FUNERAL DIRECTOR McLaughlin Funeral Home Sedalia, Mo.				25. DATE RECD. BY LOCAL REG. APR 8 '59		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.		

J.P.

health, welfare, public service  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with which all diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

APR 24 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 *Clarence M. Bills*

Licensed Embalmer No. *4375*  
P. O. Address *St. Louis, Mo. 237*

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.