

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026262

FILED VS AUG 4 1959

Registration District No. 7 Primary Registration District No. 6022 Registrar's No. 102

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri b. COUNTY Carroll							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Twp		Length of stay in 1b 2 Weeks		c. CITY OR TOWN Norborne		Inside Limits Yes ☒ No ☐					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Mem. Hosp.			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) 405 West 2nd		Reside on Farm Yes ☐ No ☒				
3. NAME OF DECEASED (Type or print) First Phyllis Middle Lynnors Last Sims				4. DATE OF DEATH Month July Day 26 , Year 1959							
5. SEX Female		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 8-21-20		9. AGE (last birthday) 38		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Moweaqua, Illinois			12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Charles Poole			13b. MOTHER'S MAIDEN NAME Adith Williams			14. NAME OF HUSBAND OR WIFE Edgar Lyle 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. 497-40-2617		17. INFORMANT Edgar L. Sims			Address Norborne, 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) Carcinomatosis DUE TO (b) Metastasis from Carcinoma of breast DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 7-11-59 to 7-26-59 and last saw her alive on 7-26-59 Death occurred at 5:35 a. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Thomas B. Gosh M.R.						22b. ADDRESS Richmond, Missouri			22c. DATE SIGNED 7/27/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 28 1959		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery			23d. LOCATION (City, town, or county) Moweaqua Illinois			(State)	
24. FUNERAL DIRECTOR Gibson Funeral Home Norborne, Mo.				ADDRESS 7-27-1959		25. DATE RECD. BY LOCAL REG. 7-27-1959		26. REGISTRAR'S SIGNATURE Malcol Jackson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 1 1969

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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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben W. Labem

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.