URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 4 1959

59-036532
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 478

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Independence Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: Plattsburg
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JESSE Middle: E. Last: SIMS
4. DATE OF DEATH: Month: October Day: 26 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-9-1885
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Locksmith
10b. KIND OF BUSINESS OR INDUSTRY: Locksmith
11. BIRTHPLACE (City and state or country): Allendale, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Taylor Sims
13b. MOTHER'S MAIDEN NAME: Sarah Black
14. NAME OF HUSBAND OR WIFE: Lillie Mae 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.: None
17. INFORMANT: Lillie Mae Sims Address: Plattsburg, 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): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arterial Hypertension
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Part C. Vascular Accident 1956
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 10/21/59, to 10-25-59 and last saw ~~her~~ him alive on 10/25/59
Death occurred at 10-25-59 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Fred W. Simp MD (Degree or Title)
22b. ADDRESS: 1022 9 Indep. Ave KC Mo
22c. DATE SIGNED: 10/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-28-59
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove
23d. LOCATION (City, town, or county) (State): Independence Missouri
24. FUNERAL DIRECTOR: Roland R. Speaks ADDRESS: Independence, Mo
25. DATE RECD. BY LOCAL REG.: 10-28-59
26. REGISTRAR'S SIGNATURE: James L. Gray

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Pollie Tessel

Signature of Student Embalmer

Licensed Embalmer No. 4690

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.