

RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 12 1960

60-013221

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2-3682**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1416 Rear Cole		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle M Last Sims				4. DATE OF DEATH Month 3 Day 28 Year 60				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-6-1908		9. AGE (last birthday) 51	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)			10b. KIND OF BUSINESS OR INDUSTRY Disability		11. BIRTHPLACE (City and state or country) Forrest City Ark. U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME John Sims			13b. MOTHER'S MAIDEN NAME Mary McCordy			14. NAME OF HUSBAND OR WIFE Ruby 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. 497-05-3340		17. INFORMANT Ruby Sims 1416 Rear Cole			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the Stomach with Metastasis to Pancreas, Liver, Regional Nodes (Inoperative terminal) DUE TO (b) 151X DUE TO (c) 151X 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH Undet.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 3-23-60 to 3-28-60 and last saw him alive on 3-28-60 Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE 20. Phillips MD (Degree or title)				22b. ADDRESS 2601 N. Whittier St.		22c. DATE SIGNED 3-30-60		
23a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION (Specify) Burial		23b. DATE 4-2-1960		23c. NAME OF CEMETERY OR CREMATORY Oakdale Cem		23d. LOCATION (City, town, or county) Lemay		(State) Mo.
24. FUNERAL DIRECTOR Hill & Radford 1713 N. Grand ADDRESS				25. DATE RECD. BY LOCAL REG. APR 1 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. m8B		

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 Leroy W. Damm

Licensed Embalmer No. 4523

P. O. Address 4251 Wad

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.