

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039357

FILED VS NOV 3 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 254

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Crawford				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 23 Days		c. CITY OR TOWN Hittsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Moberly Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1804 N. Zepplin		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN DAVID Middle SIMS Last SIMS				4. DATE OF DEATH Month October Day 25 Year 1960				
5. SEX Male	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 3-6-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 75 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheetmetal Worker			10b. KIND OF BUSINESS OR INDUSTRY K.C. Southern R.R.		11. BIRTHPLACE (City and state or country) Sedalia Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David Sims			13b. MOTHER'S MAIDEN NAME Don't Know			14. NAME OF HUSBAND OR WIFE Jessie 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. 702-12-1807		17. INFORMANT Mrs. Jessie Sims Moberly 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) MYOCARDIAL INFARCTION DUE TO (b) ARTERIO SCLEROTIC CORONARY OCCLUSION DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS 3 WEEKS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ENCEPHALOMALACIA DUE TO ARTERIOSCLEROSIS WITH LEFT HEMIPLEGIA - ONSET 17 JULY, 1960.						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		
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 checked="" 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 Oct 5, 1960 to Oct 25, 1960 and last saw him alive on Oct 24, 1960 Death occurred at 2:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Clarence C Cochrane M.D.				22b. ADDRESS 317 Virginia, Moberly, Mo.		22c. DATE SIGNED Oct 26, 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Oct-27-60	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia Missouri				
24. FUNERAL DIRECTOR Cater Funeral Home Moberly Mo.			25. DATE RECD. BY LOCAL REG. 10-27-60		26. REGISTRAR'S SIGNATURE Seaborn			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1960

NOV 23 1960

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 _____

P. M. Carter

Licensed Embalmer No. 411

P. O. Address Moberly

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