

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031677

AMENDED

Registration District No. 6258

Primary Registration District No. 320

Registrar's No. 69

STATE FILE NUMBER

FILED AUG 29 1961

1. PLACE OF DEATH

a. COUNTY

Wayne

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Greenville

Length of stay in 1b
5 Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pemiscot

c. CITY OR TOWN Hayti

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wappapello Lake

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS 608 S. 3rd, St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Judy

Ann

Sims

4. DATE OF DEATH

Month

Day

Year

Aug. 20, 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-14-48

9. AGE (last birthday)

12

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)
Student

10b. KIND OF BUSINESS OR INDUSTRY
X

11. BIRTHPLACE (City and state or country)
Wardell, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

James Sims

13b. MOTHER'S MAIDEN NAME

Reba Louise Denny

14. NAME OF HUSBAND OR WIFE

X

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.
X

17. INFORMANT

James Sims

Address

Hayti, 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)

Suffocation

INTERVAL BETWEEN ONSET AND DEATH
1 to 3 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

accidental Drowning

DUE TO (c)

Signed Statement made by Coroner James Sims

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.)
Fell from bank into

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

deep water

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.)
Wappapello Lake

20f. CITY, TOWN, OR LOCATION

Near Greenville

COUNTY

Wayne

STATE

mo

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ 1 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin E. Bowler Coroner

22b. ADDRESS

Piedmont mo

22c. DATE SIGNED

Aug. 25, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

8-22-61

23c. NAME OF CEMETERY OR CREMATORY

Memorial Cemetery

23d. LOCATION (City, town, or county)

Wardell, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Osburn Fuheral Home, Hayti, Mo.

25. DATE RECD. BY LOCAL REG

Aug. 28, 1961

26. REGISTRAR'S SIGNATURE

Bella Ward

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.