

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017885

STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 36

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 29 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Savannah</b>		c. CITY OR TOWN <b>Savannah</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1009 Luella Ave</b>		d. STREET ADDRESS (If outside, give location) <b>1009 Luella Ave</b>	
3. NAME OF DECEASED (Type or print) First <b>William E.</b> Middle <b>Sims</b> Last <b>Sims</b>		4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-23-75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>	11. BIRTHPLACE (City and state or country) <b>Jonesville, Virginia</b>
13a. FATHER'S NAME <b>Martin Sims</b>		13b. MOTHER'S MAIDEN NAME <b>Zuda Albert</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Sims</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>- - -</b>	17. INFORMANT Address <b>Mrs. Ella Sims, Savannah, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gastro-intestinal hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertrophy of the prostate</b>			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 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 _____
2. I attended the deceased from <b>4-30-57</b> to <b>5-19-62</b> and last saw <del>him</del> <sup>her</sup> alive on <b>5-18-62</b> Death occurred at <b>8:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William E. Sims M.D.</i>		22b. ADDRESS <b>Savannah, Missouri</b>	22c. DATE SIGNED <b>5-22-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5-22-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Star Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Union Star, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>BREIT &amp; HAWKINS SAVANNAH</b>	25. DATE RECD. BY LOCAL REG. <b>5-22-62</b>	26. REGISTRAR'S SIGNATURE <i>Lillian Sparks-Ring</i>	

**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

*James B. Hawkins*

Licensed Embalmer No. 4531

P. O. Address Severn

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.

*James B. Hawkins*