

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020529

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157Primary Registration District No. 4247Registrar's No. 108

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jasper</u>		c. CITY OR TOWN <u>Jasper</u>	
Length of stay in 1b <u>55 years</u>		d. STREET ADDRESS (If outside, give location) <u>South Main Street</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South Main Street</u>		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Rosella</u> Middle <u>Ida</u> Last <u>May Sims</u>		4. DATE OF DEATH Month <u>May</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>12-27-1870</u>
9. AGE (last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>Noah Thomas Hoffman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Jellison</u>	
14. NAME OF HUSBAND OR WIFE <u>Charley C. Sims</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Ola Courtney, Jasper, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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.)	
20c. TIME OF INJURY Hour <u>1:00</u> a.m. <u>p.m.</u> 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 <u>Jasper</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>for many years</u> to <u>5-11-63</u> and last saw her alive on <u>5-8-63</u> Death occurred at <u>Near 1:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. Darwin Magee, D.O.</u>	
22b. ADDRESS <u>Jasper, Mo.</u>		22c. DATE SIGNED <u>5/13/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 15, 1963</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Paradise Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Jasper County, Mo.</u>		24. FUNERAL DIRECTOR <u>Martin Selvey, Jasper, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>5-14-63</u>		26. REGISTRAR'S SIGNATURE <u>Elly Clinton</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

JUL 2 1961

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

George W. Newcomb

Licensed Embalmer No. 4671

P. O. Address

Lockwood, Mo

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.