

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029311

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 33

FILED AUG 13 1963

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lewis Twsp.		c. CITY OR TOWN Lilbourn	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2mi. West of Lilbourn		d. STREET ADDRESS 2 mi. west	Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last Mosezell Sims Jr.		4. DATE OF DEATH Month Day Year August 5 1963	
5. SEX Male	6. COLOR OR RACE Colored	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-12-59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 3 IF UNDER 1 YEAR Months Days Hours Min. 9 23
13a. FATHER'S NAME Mosezell Sims		11. BIRTHPLACE (City and state or country) Hughes, Arkansas	
13b. MOTHER'S MAIDEN NAME Gloria Taylor		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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. None	
17. INFORMANT Mosezell Sims-Lilbourn, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burned to death in Home Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			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.) House Caught on Fire - Thought to have Caught on fire by children playing with matches	
20c. TIME OF INJURY Hour a.m. p.m. 8/5/63	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.) Home	20f. CITY, TOWN, OR LOCATION Lilbourn New Madrid, Mo.
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at About 2p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) Coroner		22b. ADDRESS New Madrid, Mo.	22c. DATE SIGNED 8/6/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-6-63	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cam.	23d. LOCATION (City, town, or county) Hughes, Arkansas
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 8-7-1963	26. REGISTRAR'S SIGNATURE Charles Simpson by H.L. Ponder

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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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. 5030

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.