

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029312
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 34

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

1 0720

2 0720

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12 90-3

13 40

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Twp.		Length of stay in 1b life	c. CITY OR TOWN Lilbourn
c. FULL NAME OF (if NOT in hospital, give location) 2 mi. West of Lilbourn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 mi. west
3. NAME OF DECEASED (Type or print) First Topele Middle (Theardis) Last Sims		4. DATE OF DEATH August 5 1963	
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-6-1962
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) 10 29
13a. FATHER'S NAME Mosezell Sims		13b. MOTHER'S MAIDEN NAME Gloria Taylor	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT Mosezell Sims-Lilbourn, Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burned to death in home			INTERVAL BETWEEN ONSET AND DEATH
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)			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 checked="" 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.) House caught on fire - thought to	
20c. TIME OF INJURY Hour 8-5-63 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Home		
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.	20g. COUNTY Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at About 2P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. H. Pender (Degree or title)		22b. ADDRESS New Madrid, Mo	22c. DATE SIGNED 8/6/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-7-63	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cem.	23d. LOCATION (City, town, or county) (State) 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. P. Pender

USE BLACK INK OR TYPEWRITER RIBBON

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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 _____ Signed David J. Pordew
Signature of Student Embalmer

Licensed Embalmer No. 5030
P. O. Address Lithonia, Ga

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.