

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13127

State File No.

1794

FILED MAY 3 - 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit 0481	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke Hospital		d. STREET ADDRESS (If rural, give location) 200 So. Grand	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Leslie c. (Last) Sims			4. DATE OF DEATH (Month) (Day) (Year) April 16-52		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 19 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery clerk	10b. KIND OF BUSINESS OR INDUSTRY Whole Sale Groc.	11. BIRTHPLACE (State or foreign country) Moberly Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Addison Sims	13b. MOTHER'S MAIDEN NAME Martha Ann Meals	14. NAME OF HUSBAND OR WIFE Anna Sims
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Sims Lee's Summit Mo.	ADDRESS Lee's Summit Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 25 da		INTERVAL BETWEEN ONSET AND DEATH 321X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-22, 1952, to 4-16, 1952, that I last saw the deceased alive on 4-16, 1952, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE L.B. Knight	(Degree or title) M.D.	23b. ADDRESS Lee's Summit Mo.	23c. DATE SIGNED 4-17-52
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 4/18/52	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City, town, or county) (State) Lee's Summit Mo.
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DATE REC'D BY LOCAL REG 4-19-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE M. Langford	ADDRESS Lee's Summit Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

