

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34558**

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **5310** Registrar's No. **111**

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Lamine Twsp. 71 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lamine Twsp. 0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION. At home.		d. STREET ADDRESS (If rural, give location) Rural.	

3. NAME OF DECEASED (Type or Print)	a. (First) Clayburn	b. (Middle) Jackson	c. (Last) Sims.	4. DATE OF DEATH (Month) (Day) (Year) October 12 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH December 26/1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 60 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Howard County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John James Sims	13b. MOTHER'S MAIDEN NAME Mary Overstreet.	14. NAME OF HUSBAND OR WIFE -----
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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. -----	17. INFORMANT'S SIGNATURE OR NAME John Sims, Blackwater, Missouri.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Congestive heart failure) DUE TO (c)		
II. 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 4222	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) m.	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 **9-19**, 19**52**, to **10-12**, 19**52**, that I last saw the deceased alive on **9-19**, 19**52**, and that death occurred at **12:05** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J C Beckett md	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 10-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 14/1952	24c. NAME OF CEMETERY OR CREMATORY Old Lamine	24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.
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DATE REC'D BY LOCAL REG. 10/13/52	REGISTRAR'S SIGNATURE Dr Hooper 581	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	ADDRESS
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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
Student Embalmer

Signed *J. H. Goodman*

Licensed Embalmer No. *1178*

P. O. Address *Boonville, 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 this body is not embalmed, fact should be so stated above.