

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

238

State File No.

FILED JAN 19 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4048 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCHEPORT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCHEPORT</u>	
c. LENGTH OF STAY (in this place) <u>7 yr</u>		d. STREET ADDRESS (If rural, give location) <u>XX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>ROBERT</u>		c. (Last) <u>SIMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 15 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG 8th 1859</u>		9. AGE (In years last birthday) <u>93</u>	10. IF UNDER 1 YEAR Months <u>r</u> Days <u>7</u>	11. IF UNDER 10 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STONE MASON</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STONE CUTTER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>IATAN MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>ROBERT SIMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KENNEDY</u>		14. NAME OF HUSBAND OR WIFE <u>CORA SIMS (DECEASED)</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>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS LOLA LESSLIE ROCHEPORT</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic ht disease</u> DUE TO (c) <u>4200</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rocheport Boone Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from Sept 1950, to Jan 11, 1953, that I last saw the deceased alive on Jan 11, 1953, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm J. Shaw Jr M.D.</u> (Degree or title)	23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>	23c. DATE SIGNED <u>1-16-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 17, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>		

DATE REC'D BY LOCAL REG. <u>Jan 16 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> <u>31</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILLETT FUNERAL HOME Columbia Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Lynnan H. Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.