

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031487
State File No.

FILED SEP 15 1958

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 59

1040

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

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Reeds Spring</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1040</u>	
c. LENGTH OF STAY (In this place) <u>15yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Atho</u> b. (Middle) <u>Vivian</u> c. (Last) <u>Sims</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23-1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22-1907</u>
9. AGE (In years last birthday) <u>51</u>		10. MONTH <u>7</u>	11. HOURS <u>1</u> MIN. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Manager</u>		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas Sims</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Chapel</u>	14. NAME OF HUSBAND OR WIFE <u>Fanny Opal Sims</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>391-20-4313</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Toy Dean Sims - Wichita, Kans.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound In Chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cafe</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Reeds Spring Stone Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 23 1958 9:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot - him. Self</u>
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22. I hereby certify that I attended the deceased from at death, 1958, to 9-23, 1958 that I last saw the deceased live on 9-23, 1958, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gayann Crumrine MD</u>	23b. ADDRESS <u>Garna Mo</u>	23c. DATE SIGNED <u>24 Aug 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 26-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yocum Pond</u>	24d. LOCATION (City, town, or county) (State) <u>Stone, Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 27-58</u>	REGISTRAR'S SIGNATURE <u>ms. J. Elmer Sussem</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett C. Cheatham</u>	ADDRESS <u>Galena Mo</u>
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pu Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salina 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.