

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031488
State File No.

FILED SEP 15 1958

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6662 Registrar's No. 58

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 OR TOWN <u>Reeds Spring, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>43 yrs.</u>		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reeds Spring, Mo.</u>			
d. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fanny</u> b. (Middle) <u>Opal</u> c. (Last) <u>Sims</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23-1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 23-1914</u>	9. AGE (In years last birthday) <u>43</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Stone Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Caswell Perkins</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Perryman</u>		14. NAME OF HUSBAND OR WIFE <u>Althea Vivian Sims</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-24-6643</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Toy Dean Sims - Wichita, Kan.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart shut down in chest</u>				INTERVAL BETWEEN ONSET AND DEATH <u>None</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? <u>1</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Struck</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Reeds Spring Stone Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 23 1958 8:20</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from at death 19 to 8-23, 1958, that I last saw the deceased alive on 8-23, 1958, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mo. Elmer Brossan</u> (Degree or title)			23b. ADDRESS <u>Salena Mo</u>		23c. DATE SIGNED <u>26 Aug 1958</u>
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>

DATE REC'D BY LOCAL REG <u>Aug 27 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. E. Lena Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham - Salena Mo.</u>		ADDRESS _____
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(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 Halena 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.