

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013051

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GRUNDY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN TRENTON 0402		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WRIGHT MEMORIAL HOSPITAL			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 800 E 14TH		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ORA Middle LEE Last SIMS				4. DATE OF DEATH Month APRIL Day 24 Year 1959				
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE <input checked="" type="checkbox"/>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH FEB-8-1913		9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SPICKARD MO		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME OTIS WAYNE SIMS				14. MOTHER'S MAIDEN NAME BERTIE C. HURT				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give year or date of service) YES WW2		16. SOCIAL SECURITY NO. 488-14-6116		17. INFORMANT Address ROY SIMS TRENTON MO. R7				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis 12 hours							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION TRENTON MO		COUNTY STATE		
21. I attended the deceased from Death occurred on April 24 1959 and last saw her alive on April 24 1959 in on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Clayton F. Cuffey				22b. ADDRESS Trenton Mo		22c. DATE SIGNED April 25 1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL-26-1959	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		23d. LOCATION (City, town, or county) SPICKARD MO.		23e. STATE MO.		
24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME			ADDRESS SPICKARD MO		25. DATE RECD. BY LOCAL REG. 4-26-59	26. REGISTRAR'S SIGNATURE Gene Jain		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Stresses in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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.....
Signature of Student Embalmer

Signed..... *Ross Wise*

Licensed Embalmer No. *37*.....

P. O. Address *Spickard*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.