

Health,  
& Welfare  
Public  
Service  
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S. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026621  
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 72

FILED JUL 22 1958

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Richmond		c. CITY OR TOWN Orrick	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray Co. Memorial		d. STREET ADDRESS RR# 1	
3. NAME OF DECEASED (Type or print) First Middle Last Dallas Uray Rimmer		4. DATE OF DEATH Month Day Year July 3, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 22, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 80
13a. FATHER'S NAME William Rimmer		13b. MOTHER'S MAIDEN NAME Ellen White	12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE Zelpha Jane Woods		11. BIRTHPLACE (City and state or country) Ray County, Missouri	
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. 494-40-5554	17. INFORMANT Claude Rimmer, Orrick, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION DUE TO (b) CORONARY INSUFFICIENCY DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH LAST 7 days
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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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 Orrick, Missouri		20g. COUNTY STATE	
21. I attended the deceased from July 1-58 to July 5-58 and last saw her alive on July 5-58. Death occurred at 10:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. B. Gay M.D.		22b. ADDRESS Richmond, Mo	
22c. DATE SIGNED 7-8-58		22d. NAME OF CEMETERY OR CREMATORY O'Dell Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-3-1958	
23c. LOCATION (City, town, or county) Orrick, Missouri		23d. (State)	
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelstor Springs, Missouri		25. DATE RECD. BY LOCAL REG. 7-19-1958	
26. REGISTRAR'S SIGNATURE Malcolm Jackson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MS APR 29 1959

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 *Lindell Jarman* .....

Licensed Embalmer No. *4589* .....  
P. O. Address *Excelsior Springs 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.