S. No. 300
v. 10.48

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13011

57

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 6677 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Lincoln Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silex - Rural Union
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi E of Silex 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln 51
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silex Rural - Union
d. STREET ADDRESS (If rural, give location): 2 mi E. of Silex

3. NAME OF DECEASED (Type or Print)
a. (First): Olin
b. (Middle): Vest
c. (Last): Kimler

4. DATE OF DEATH (Month) (Day) (Year): 4 1 1949

5. SEX: MO
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 4-8-1891
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 11, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: Henry C. Kimler
13b. MOTHER'S MAIDEN NAME: America W. Williams
14. NAME OF HUSBAND OR WIFE: Gertrude Kimler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs T. A. Dwyer Silex Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Pancreas

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.

INTERVAL BETWEEN ONSET AND DEATH: 157X

19a. DATE OF OPERATION: 2/1-1949
19b. MAJOR FINDINGS OF OPERATION: Biopsy Cervical Lymph gland
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/6, 1949, *to* 4/1, 1949, *that I last saw the deceased alive on* 3/29, 1949, *and that death occurred at* 7:15 *am., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. G. Hoeger M.D.
23b. ADDRESS: Whiteside Mo
23c. DATE SIGNED: 4/1-1949

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify):
24b. DATE: 4/5 49
24c. NAME OF CEMETERY ~~OR CREMATORY~~: W. R. Cammid
24d. LOCATION (City, town, or county) (State): Silex Mo

DATE REC'D BY LOCAL REG.: 4/15/49
REGISTRAR'S SIGNATURE: Mrs T. A. Dwyer 164
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. R. Cammid Silex Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File No. MAY 11 1949
Date Filed MAY 20 1949

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 me, Student Embalmer No. XX, working under my personal supervision.

Signed W. P. Dammond

Signed ..... Student Embalmer

Licensed Embalmer No. 22251

P. O. Address Silet, Ind.

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.