

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33422

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4161 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>Dav iess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dav iess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jameson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jameson</b>	
c. LENGTH OF STAY (in this place) <b>Most of Life</b>		d. STREET ADDRESS (If rural, give location) <b>---</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>---</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Robert</b>	b. (Middle) <b>Lawrence</b>	c. (Last) <b>Wilmot</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5 1949</b>
-------------------------------------	--------------------------	-----------------------------	-------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 3 1861</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 1 DAY Days <b>2</b>	IF UNDER 1 Hrs. Hours	IF UNDER 1 Min. Min.
--------------------	-------------------------------	--	-------------------------------------	---	---------------------------------	------------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>London England</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Lula Wilmot</b>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joe Wilmot, Jameson, Missouri</b>	ADDRESS
--	-------------------------------------	--	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4500</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arterio Sclerosis</b> DUE TO (b) <b>General</b> <b>Long Standing</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"/>
------------------------	----------------------------------	--

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) (Min.)	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 **Sept 15 1949**, to **Oct 5 1949**, that I last saw the deceased alive on **Oct 5 1949**, and that death occurred at **2:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. G. Graham M.D.</b> (Degree or title)	23b. ADDRESS <b>Jameson Mo</b>	23c. DATE SIGNED <b>Oct 19 49</b>
---	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-7-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grand River Cemetery, Jameson, Mo.</b>	24d. LOCATION (City, town, or county) (State)
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>19 Oct. 1949</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Engelhardt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. O. Harrison</b>	ADDRESS <b>Gallatin, Mo.</b>
--	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48



**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

*L. O. Richerson*

Licensed Embalmer No. 3307

P. O. Address

*Gallatin, 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.