

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37587

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5630</u>		Registrar's No. <u>369</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Laclede</u>		c. LENGTH OF STAY (in this place) <u>township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Roubidoux</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Laclede</u>				d. STREET ADDRESS <u>1 1/2 mi E. of Roby Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>ELMER</u>		a. (First)		b. (Middle) <u>CLIFFORD</u>		c. (Last) <u>KIMREY</u>	
4. DATE OF DEATH (Month) <u>11</u> (Day) <u>3</u> (Year) <u>50</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov. 1 1895</u>		9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Texas Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Kimrey</u>		13b. MOTHER'S MAIDEN NAME <u>Malbie Crumrine</u>		14. NAME OF HUSBAND OR WIFE <u>Kimby Kimrey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>500-05-1790</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kimby Kimrey, Roby Mo.</u> 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Partial</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Traumatic De -</u> DUE TO (c) <u>Capitulation with</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Immediate Death</u>				INTERVAL BETWEEN ONSET AND DEATH <u>E9101</u> <u>3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>053</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Timber</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 3 1950 PM</u>		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Cutting Timber</u>			
22. I hereby certify that I attended the deceased from <u>11/3</u> , 19 <u>50</u> , to <u>11/30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Deer on arrival</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Burns</u> (Degree or title)				23b. ADDRESS <u>Houston, Mo</u>		23c. DATE SIGNED <u>11/4/50</u> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) <u>Texas Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-9-1950</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Goyford V. Elliott</u>		ADDRESS <u>Houston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



Received NOV 11 1950  
Laclede County Health Unit  
File No. 11-20-171  
Date Filed NOV 14 1950

DEC 8 1950  
DEC 1 1950

NOV 29 1950

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

*Frank E. Wood*

Licensed Embalmer No. 4026

P. O. Address Houston, TX

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.