

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41271**

FILED DEC 21 1950

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper <u>770</u>	
b. CITY (If outside corporate limits, write RURAL and give township) 3 MI Of Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Diamond Mo. Rt. 1	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles E. of Webb City Mo.		Rt. 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Lee	b. (Middle)	c. (Last) Wymer	4. DATE OF DEATH (Month) (Day) (Year)
				Dec. 11 1950

5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 7 1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 4	IF UNDER 24 Hrs. Hours 	IF UNDER 1 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carrollton, Neb. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Wymer	13b. MOTHER'S MAIDEN NAME Nannah Meek	14. NAME OF HUSBAND OR WIFE Mrs. Ada Wymer Rt. 1 Diamond Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ada Wymer	ADDRESS Rt 1 Diamond Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH INSTANT
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Tamponade		15 Sec.
	DUE TO (c) Crush injury to chest		15 Sec.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC emphysema & CARDIO-VASCULAR DYSFUNCTION			32 YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CROSS ROADS	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3 1/2 Miles East - Webb City Jasper - MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-11-50 4:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? TRACTOR TURNED OVER AND CRUSHED CHEST
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22. I hereby certify that I attended the deceased from 12-11-1950, to 12-11-1950, that I last saw the deceased alive on 12-11-1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. K. Saylor	(Degree or title) M.D. 0	23b. ADDRESS 110 N. Webb St. Webb City Mo	23c. DATE SIGNED 12/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-16-50	24c. NAME OF CEMETERY OR CREMATORY Forest Park	24d. LOCATION (City, town, or county) (State) Jasper Missouri
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DATE REC'D BY LOCAL REG. Dec 13-50	REGISTRAR'S SIGNATURE D. L. Bechtel	FUNERAL DIRECTOR'S SIGNATURE W. A. Johnston	ADDRESS Arno Simpson Mortuary
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(Licensed Embalmer's Statement on Reverse Side)

Webb City, Missouri

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

RECEIVED 12-19-50

Jasper County Health Office

County File Number 50-12-915

Date Filed 12-19-50

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

Jack C. Simpson

Licensed Embalmer No.

4647

P. O. Address

Webb City, 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.