

FILED APR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13210

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BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2040 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u> <u>0592</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elliott Convelesent Home</u>		d. STREET ADDRESS (If rural, give location) <u>West Jackson St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HENDERSON</u> c. (Last) <u>WIMMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>8th</u> <u>1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 1, 1861</u>	9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u> IF UNDER 12 HOURS <u>2 AM</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Brownstown, W. Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John A. Wimmer</u>	13b. MOTHER'S MAIDEN NAME <u>Rebeca Compton</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Wimmer,</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u> <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ira Cunningham</u>	ADDRESS <u>Avalon, MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>Fractured left hip.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222 F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1949, to April 6, 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph F. Galy</u> (Degree or title) <u>med.</u>	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>4-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>	24b. DATE <u>April 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairland</u>	24d. LOCATION (City, town, or county) (State) <u>Avalon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 8-51</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neillo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin</u>	ADDRESS <u>Tina, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.