

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23933**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **366**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville, Mo. 0782</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>306 W. 13th. St.</b>		d. STREET ADDRESS (If rural, give location) <b>306 W. 13th. St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Walter Wimberly</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Aug. 1 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 24, 1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer- Ret.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (State or foreign country) <b>Dunklin County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Wimberley</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Daria</b>	14. NAME OF HUSBAND OR WIFE <b>Lula Wimberely</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-14-2250</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alice Pittman Malden, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3yrs??</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>-</b>		

19a. DATE OF OPERATION <b>-</b>	19b. MAJOR FINDINGS OF OPERATION <b>002X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Caruthersville, Pemiscot, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>-</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>-</b>
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22. I hereby certify that I attended the deceased from **March 1951**, to **Aug. 1, 1951**, that I last saw the deceased alive on **Aug. 1, 1951**, and that death occurred at **1:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. D. Owens, M.D.</b>	23b. ADDRESS <b>Caruthersville, Mo.</b>	23c. DATE SIGNED <b>8-3-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 2, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-3-1951</b>	REGISTRAR'S SIGNATURE <b>Tessie B. Weeks</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.S. Smith Funeral Home C'ville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

82

8-51-191

Rec. AUG 3 1951

G. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

**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

*Robert W. McDraw*

Licensed Embalmer No.

*4732*

P. O. Address

*Caruthersville, 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.