

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

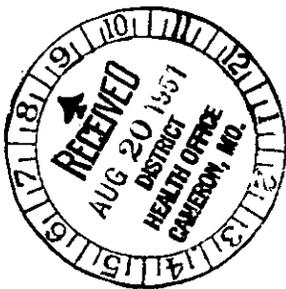
State File No. 27740

FILED AUG 25 1951

BIRTH NO. _____		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 181
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Bedison - Rural 0740		
c. LENGTH OF STAY (in this place) 5 mo.		d. STREET ADDRESS (If rural, give location) 2 miles West		
d. FULL NAME OF HOSPITAL OR INSTITUTION 135 S. Vine St.				
3. NAME OF DECEASED (Type or Print) HENRY		a. (First)	b. (Middle) WILLIAM	c. (Last) WILMES
4. DATE OF DEATH August 12 1951				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH May 14, 1858	9. AGE (in years last birthday) 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY own account	11. BIRTHPLACE (State or foreign country) Ferdinand, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herman H. Wilmes		13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE Emma Axe Wilmes, Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Frank Wilmes	
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) <i>Chronic nephritis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Senility</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 yr
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan, 1951, to Aug 12, 1951, that I last saw the deceased alive on 8/10, 1951, and that death occurred at 3:00A m., from the causes and on the date stated above.				
23a. SIGNATURE <i>H. C. Barrman</i>		(Degree or title) M. D.	23b. ADDRESS Maryville, Mo.	23c. DATE SIGNED 8/15/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE Aug 16, 1951	24c. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Maryville Missouri	
DATE REC'D BY LOCAL REG. 8-18-51	REGISTRAR'S SIGNATURE <i>Bess Holt</i>	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.	

(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 Embalmer No.....

Signed Robert L. Loutler.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4782.....

P. O. Address Maryville, 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.