

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30587**

FILED SEP 4 1952

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6244** Registrar's No. **46**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Washington 1100 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural Union Trust, Alfalfa | | c. CITY (If outside corporate limits, write RURAL and give township) Rural - Union | |
| c. LENGTH OF STAY (In this place) all of life | | d. STREET ADDRESS (If rural, give location) Old Miner | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Near Old Miner | | | |

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|--|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) Isaac b. (Middle) Francis c. (Last) Villmer | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 1 1952 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | |
| 8. DATE OF BIRTH June 4 1890 | | 9. AGE (In years last birthday) 62 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | |
| 11. BIRTHPLACE (City and State or Foreign Country) Old Miner Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME John Villmer | | 13b. MOTHER'S MAIDEN NAME Mary B. Biver | | 14. NAME OF HUSBAND OR WIFE Geo. Carter, Potosi, Mo. | |
| 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. --- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Carter, Potosi, 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage ANTECEDENT CAUSES right pleural cavity Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) from gun shot DUE TO (c) wound | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E981X | | | | | |

| | | | | | |
|--|--|---|--|---|--|
| 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.) home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Old Miner, Washington Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-1-1952 9P. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? gun shot | |

22. I hereby certify that I attended the deceased from **Missouri** to **Missouri**, 19**52**, that I last saw the deceased alive on **Sept 1, 1952**, and that death occurred at **9:20 P.** m., from the causes and on the date stated above.

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 23a. SIGNATURE Joseph L. Homan, M.D. | | (Degree or title) | | 23b. ADDRESS Potosi, Mo. | | 23c. DATE SIGNED 9/2-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-4-52 | | 24c. NAME OF CEMETERY OR CREMATORY St. Joachim Cem | | 24d. LOCATION (City, town, or county) (State) Washington Co. Mo. | |
| DATE REC'D BY LOCAL REG. 9/2/52 | | REGISTRAR'S SIGNATURE Robert Redall | | 25. FUNERAL DIRECTOR'S SIGNATURE Mr. Luther Sparks | | ADDRESS Potosi Mo. | |

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

OCT 1 1952

RECEIVED

SEP 3 1952

WASH. COUNTY HEALTH DEPT.
File No. _____

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

Murphy Sparker

Licensed Embalmer No. *4256*

P. O. Address *Flat 1111 1200*

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.