

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38356

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1214

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 18 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		2117				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 2210 Agency Road						
3. NAME OF DECEASED (Type or Print) Amanda			a. (First)		b. (Middle) Wimsatt		c. (Last)			
4. DATE OF DEATH Nov. 18, 1953		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 15, 1873		
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fitting dept.		10b. KIND OF BUSINESS OR INDUSTRY Dress shop		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME Caroline Block			14. NAME OF HUSBAND OR WIFE George W. Wimsatt				
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. 491-09-6679		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Baker, 2210 Agency Rd., St. Joseph, Mo.					ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH 3 days		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis								Cerebral Arteriosclerosis unknow.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								Arteriosclerosis unk.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X						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) m.		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 Nov. 10, 1953 , to Nov. 18, 1953 , that I last saw the deceased alive on Nov. 18, 1953 , and that death occurred at 10:30A.M. , from the causes and on the date stated above.										
23a. SIGNATURE Maria E. Weggner				(Degree or title) M.D.		23b. ADDRESS 301 Illinois Ave. St. Joseph		23c. DATE SIGNED 11-19-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/20/1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State); Kansas City, Mo.				
DATE REC'D BY LOCAL REG. Nov 24, 1953		REGISTRAR'S SIGNATURE Ethel M. Allison		435- Heaton Bowman		25. FUNERAL DIRECTOR'S SIGNATURE St. Joseph 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. Jax

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.