

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22816

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 2A

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. LENGTH OF STAY (in this place) <u>37 yrs</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 S. Water</u> | | d. STREET ADDRESS (If rural, give location) <u>205 S. Water St.</u> | |

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|---|------------|----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>Clarence</u> | a. (First) | b. (Middle) <u>X</u> | c. (Last) <u>Rimer</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1954</u> |
|---|------------|----------------------|------------------------|---|

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 7, 1893</u> | 9. AGE (In years last birthday) <u>60</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Hours | Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tinner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal</u> | 11. BIRTHPLACE (State or foreign country) <u>Lucas Co. Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Charles E. Rimer</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy C. Cooper</u> | 14. NAME OF HUSBAND OR WIFE <u>Hester Rimer</u> |
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|---|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Hester Rimer</u> | ADDRESS |
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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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial degeneration</u> DUE TO (c) <u>Coronary occlusion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>2 years</u> <u>20 months</u> |
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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4/2/22</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 1850, to July 13, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>S. B. Hughes, M.D.</u> | 23b. ADDRESS <u>Clinton, Mo.</u> | 23c. DATE SIGNED <u>7/14/54</u> |
|--|----------------------------------|---------------------------------|

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|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 18, 54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | 24d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u> |
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|---|---|------|--|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>July 18, 54</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 4226 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conner</u> | ADDRESS <u>Clinton, Missouri</u> |
|---|---|------|--|----------------------------------|

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

NOV 15 1973

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 J E Consalvo

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.