

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40667

State File No. ....

FILED JAN 3 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1177

1. PLACE OF DEATH  
a. COUNTY Greene County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR Springfield c. LENGTH OF STAY (In this place)

c. CITY OR TOWN Springfield d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 845 South Missouri

f. STREET ADDRESS (If rural, give location) 845 S. Missouri 0396

3. NAME OF DECEASED  
a. (First) LeRoy b. (Middle) S. c. (Last) Wimmer

4. DATE OF DEATH (Month) (Day) (Year) 12 26 54

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 8/2/1891

9. AGE (In years last birthday) 62 if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (City and State or Foreign Country) Near Ava Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Jacob Wimmer

13b. MOTHER'S MAIDEN NAME Estella Briggs

14. NAME OF HUSBAND OR WIFE None

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 ADDRESS Isabelle Murphy, 845 S. Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage

ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) Arteriosclerosis  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 days  
  
Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1954, to 12-25-54, 1954, that I last saw the deceased alive on 12-25-54, 1954, and that death occurred at 9:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Zeller M.D.

23b. ADDRESS 609 Cherry, Springfield, Mo.

23c. DATE SIGNED 12-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/29/54

24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 12/31/54

REGISTRAR'S SIGNATURE Estelle Williams

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harvey C. ... Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 45  
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.