

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2177

State File No.

FILED JAN 20 1958

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY NODOWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODOWAY	
b. CITY (If outside corporate limits, write RURAL and give town or township) CLEARMONT		c. CITY (If outside corporate limits, write RURAL and give township) MARYVILLE, MO	
c. LENGTH OF STAY (In this place) 74 DAYS		d. STREET ADDRESS (If rural, give location) 505 EAST FIRST	
d. FULL NAME OF HOSPITAL OR INSTITUTION WALL IN NURSING HOME			

3. NAME OF DECEASED a. (First) MARY b. (Middle) JANE c. (Last) RIMEL			4. DATE OF DEATH (Month) (Day) (Year) 1/13/58		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH APRIL 29, 1868		9. AGE (In years last birthday) 89		10. BIRTHPLACE (State or foreign country) Guilford, Mo.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTMISTRESS		12. KIND OF BUSINESS OR INDUSTRY Government		13. CITIZEN OF WHAT COUNTRY? U S	

13a. FATHER'S NAME James B. WILSON		13b. MOTHER'S MAIDEN NAME Rosannah Graves		14. NAME OF HUSBAND OR WIFE George Rimel, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Wilson, Chillicothe, Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malocclusion with G.I. Neurosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Senility</i>			
DUE TO (c)		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		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)		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 17, 1957, to JAN 13, 1958, that I last saw the deceased alive on JAN 13, 1958, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Harriet Ford</i> (Degree or title)		23b. ADDRESS <i>1014 Elm St.</i>		23c. DATE SIGNED 1/13/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE 1/16/58		24c. NAME OF CEMETERY OR CREMATORY <i>Miriam</i>	
24d. LOCATION (City, town, or county) <i>Maryville, Missouri</i>		(State)			

DATE REC'D BY LOCAL REG. 1-19-58		REGISTRAR'S SIGNATURE <i>Bess Holt</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Price Funeral Home, Maryville, Mo</i>	
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(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 Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville 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.