

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019311  
STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 71

S. 300  
1-57

0850

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>PULASKI</b>		2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PULASKI</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WAYNESVILLE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>WAYNESVILLE MO</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WAYNESVILLE GEN HOS</b> Length of stay in lb <b>3 weeks</b>		d. STREET ADDRESS (If outside, give location) <b>0050</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ENOCH</b> Middle <b>CALHOUN</b> Last <b>WIMBERLEY</b>		4. DATE OF DEATH Month <b>5</b> Day <b>1</b> Year <b>58</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12/20/1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARBER</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>68</b> IF UNDER 1 YEAR Months <b>4</b> Days <b>10</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
11a. BIRTHPLACE (City and state or country) <b>WRIGHT Co. MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ENOCH WIMBERLEY</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA PROCK</b>	
14. NAME OF HUSBAND OR WIFE <b>VICTORIA WIMBERLEY</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>500-012347A</b>		17. INFORMANT <b>Hospital</b> Address <b>WAYNESVILLE, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>cardiovascular renal disease infectious myiasis</b> unknown DUE TO (c) <b>influenza</b> 481X 1 mo. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b> <b>1 mo.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1956</b> to <b>1958</b> and last saw <sup>her</sup> him alive on <b>5-1-58</b> Death occurred at <b>10:25</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. S. Nether, D.O. 2</b>		22b. ADDRESS <b>Waynesville, Missouri</b>	
22c. DATE SIGNED <b>5-6-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>5/4/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>STEELE MEM.</b>	23d. LOCATION (City, town, or county) (State) <b>HARTVILLE MO</b>
24. FUNERAL DIRECTOR <b>Leonard C. James</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-58</b>	26. REGISTRAR'S SIGNATURE <b>Paula Grace Anderson</b>

(Licensed Embalmer's Statement on Reverse Side)

4570

JUN 23 1958

JUN 17 1958

### 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 ..... *R. W. Barber*

Licensed Embalmer No. *388*

P. O. Address *1111 1/2 St. N. S.W.*

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.