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REG.#17721

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043396
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 705

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DEAD ON ARRIVAL AT VETERANS HOSPITAL — Length of stay in Ib: NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: STODDARD
c. CITY OR TOWN: LEORA 1030 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARVIN Middle (NMI) Last WILMATH

4. DATE OF DEATH: Month DECEMBER Day 13 Year 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-28-86
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: MERCHANT
11. BIRTHPLACE (City and state or country): BARDWELL, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: WILL WILMATH
13b. MOTHER'S MAIDEN NAME: MINDY FISHER
14. NAME OF HUSBAND OR WIFE: ALTHA WILMATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 491-16-6053 ~~UNKNOWN~~
17. INFORMANT: VA HOSPITAL RECORDS, Address: POPLAR BLUFF, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MASSIVE CORONARY. — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4281
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Dead on Arrival, December 13, 1958 to ~~[illegible]~~
Death occurred at 1:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: ANDREW R. MAILER, M.D., Officer of Day (Degree or title)
22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED: 12/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 17-58
23c. NAME OF CEMETERY OR CREMATORY: South Pleasant Valley
23d. LOCATION (City, town, or county): Stoddard co. (State): Missouri

24. FUNERAL DIRECTOR: CHILES CHAPEL, ADDRESS: BLOOMFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 12/20/58
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

FILE No.

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 Lulu Cooper #3499, ~~Student Embalmer No.~~ XXXXXXX

~~working under my personal supervision~~

~~Student~~ Signed Ivan C. Cooper

Signature of Student Embalmer

Licensed Embalmer No. 4199

P. O. Address Bloomfield, Mo.

Notes: 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.