

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044717

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 169 Primary Registration District No. 5612 Registrar's No. 65

300
1-57

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 5 mi So Edina		c. CITY OR TOWN 5 mi So Edina	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #15		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First THOMAS Middle JEFFERSON Last RIMER			4. DATE OF DEATH Month Dec Day 20 Year 1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 20, 1958 April 8, 1891	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alex Glass Rimer	13b. MOTHER'S MAIDEN NAME Caroline Hannah	14. NAME OF HUSBAND OR WIFE Dora L. Rimer
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Thomas Rimer	Address Edina, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Killed instantly by auto while crossing Highway #15 as a pedestrian		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Highway #15 as a pedestrian DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) was crossing Highway and killed instantly and body
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20c. TIME OF INJURY Hour 6:45 a.m. p.m. Month DEC Day 20 Year 1958	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) NEAR FARM HOME	20f. CITY, TOWN, OR LOCATION 5 miles south of EDINA	COUNTY KNOX	STATE MO
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6:45 P.M. DEC 20, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE A Rimer	(Degree or title) Cover of Knox County	22b. ADDRESS Edina, Mo	22c. DATE SIGNED Dec 22, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 22 Dec '58	23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kirkville, Mo
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24. FUNERAL DIRECTOR A Rimer	ADDRESS Edina, Mo	25. DATE RECD. BY LOCAL REG. Dec 26-1958	26. REGISTRAR'S SIGNATURE Nelle J. Dunath
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Hudson Funeral Home (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *ASR*

Licensed Embalmer No. *5041*
P. O. Address *Edvia, M*

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.