

I DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-021995

FILED JUL 13 1959 164

Registration District No. _____ Primary Registration District No. 3032 Registrar's No. 91

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg			Length of stay in lb 42 days		c. CITY OR TOWN Knob Noster		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FLORENCE Middle ADELIA Last WIMER			4. DATE OF DEATH Month July Day 4 Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 8, 1889	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Johnson County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Elmer E. Thompson			13b. MOTHER'S MAIDEN NAME Mary E. VanNatta		14. NAME OF HUSBAND OR WIFE Mr. Hosea Amos Wimer		
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. 490-44-5817B	17. INFORMANT Address Mr. H.A. Wimer, Knob Noster, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Brain Tumor							INTERVAL BETWEEN ONSET AND DEATH 6 months
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) Pt operated elsewhere, 6 mos ago for tumor						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 Feb 1959 to July 4 1959 and last saw her ^{her} him live on July 4, 1959 Death occurred at 3:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. Lee Cooper MD (Deputy or title)				22b. ADDRESS Warrensburg, Missouri		22c. DATE SIGNED 7-4-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-59	23c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery		23d. LOCATION (City, town, or county) Knob Noster, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Missouri				25. DATE RECD. BY LOCAL REG. July 6, 1959	26. REGISTRAR'S SIGNATURE Lavernah Cuthfield		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6987 2

REC 1 1955

FEB 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard G. Don

Licensed Embalmer No. 482
P. O. Address W. Embury

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.