JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960 15

60-009819
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3004 Registrar's No. 43

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lamar
Length of stay in 1b: 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Lamar
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 202 West 6th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOUISE Middle M. Last WIMER

4. DATE OF DEATH: Month April Day 4, Year 1960

5. SEX: F

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-21-1899

9. AGE (last birthday): 61

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: Own Home

11. BIRTHPLACE (City and state or country): Watertown, S. Dak.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Jules Stoltz

13b. MOTHER'S MAIDEN NAME: Emma Walker

14. NAME OF HUSBAND OR WIFE: Robert Wimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Robert Wimer, Address: Lamar, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 10 seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Shock
DUE TO (c): Cut her own throat with straight Razor

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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.): Bath Room at home

20f. CITY, TOWN, OR LOCATION: Lamar COUNTY: Barton STATE: Missouri

21. I attended the deceased from _____ to _____ and last saw her ~~him~~ alive on _____
Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clarence W Chiles (Degree or title): Coroner

22b. ADDRESS: Lamar Mo

22c. DATE SIGNED: April 5 '60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 8 '60

23c. NAME OF CEMETERY OR CREMATORY: Moorhead Cemetery

23d. LOCATION (City, town, or county) (State): Barton Co. Missouri

24. FUNERAL DIRECTOR: Chiles Funeral Home, ADDRESS: Lamar, Mo.

25. DATE RECD. BY LOCAL REG.: APR 8 - '60

26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Giles

Licensed Embalmer No. 3473

P. O. Address Lamar Mo

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