

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037861

STATE FILE NUMBER

LED VS. NOV 14 1960 82 Primary Registration District No. 3017 Registrar's No. 163

|  |  |   |  |  |   |  |   |
|--|--|---|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cooper</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Cooper</b> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Boonville</b>  |  | Length of stay in lb.<br><b>All of life</b>   |  | c. CITY OR TOWN <b>Boonville</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>215 McRoberts St.</b>  |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Clara</b> Middle <b>Kruse</b> Last <b>Wilmesher</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>9</b> Year <b>1960</b>  |   |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Nov. 24, 1898</b>   | 9. AGE (last birthday)<br><b>61</b>   | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/>     | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/>        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Cooper County, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>John Kruse</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Clara Fall.</b>                                      |  | 14. NAME OF HUSBAND OR WIFE<br><b>Herman Wilmesher.</b>   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO.<br>-----  |  | 17. INFORMANT<br>Address<br><b>Herman Wilmesher, Boonville, Mo.</b>  |   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary heart failure with marked cardiac decompensation</b><br>DUE TO (b) <b>Marked cardiac hypertrophy</b><br>DUE TO (c) <b>Marked cardiac hypertrophy</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>14 days</b>                                   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Generalized arteriosclerosis (primary) of heart</b>  |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Oct 1-1960</b> to <b>Nov 9-60</b> and last saw her <b>live on Nov 8-1960</b><br>Death occurred at <b>7:10</b> <b>a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |  |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Dr. Dickraeger MD</b>   |  |   |  | 22b. ADDRESS<br><b>Boonville Mo</b>  |   | 22c. DATE SIGNED<br><b>11/10/60</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Nov. 11, 1960</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Walnut Grove</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Boonville, Missouri.</b>   |   |  |   |
| 24. FUNERAL DIRECTOR<br><b>Goodman &amp; Boller, Boonville, Mo.</b>  |  | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11/10/60</b>  | 26. REGISTRAR'S SIGNATURE<br><b>De Hooper</b>   |  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William H. Wood

Licensed Embalmer No. 4539  
P. O. Address Boonville,

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