

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004543

STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 22

**FILED VS MAR 6 1961**

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside of state limits, give OWNERSHIP only) OR TOWN <u>Butler</u>		Length of stay in 1b <u>3 weeks</u>	c. CITY OR TOWN <u>Amsterdam</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Wymer</u> Last <u>Wymer</u>			4. DATE OF DEATH Month <u>2</u> Day <u>13</u> Year <u>61</u>		
---	--	--	---	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-1-1887</u>	9. AGE (last birthday) <u>74 yrs.</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
--------------------	-------------------------------	---	----------------------------------	---------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Bates Co.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Phillip Wymer</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa (last unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Thirisia Wymer</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Ruth Archer, Bethany, Okla.</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>pulmonary edema, acute</u>		<u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>lobar pneumonia</u>	<u>3 days</u>
	DUE TO (c) <u>  </u>	<u>  </u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>congestive heart failure, coronary artery disease.</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	Month, Day, Year <u>  </u>
---	----------------------------

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 <u>Butler, Mo.</u>	COUNTY <u>  </u> STATE <u>  </u>
--	--	--	----------------------------------

21. I attended the deceased from Jan. 23rd, 1961 to Feb. 13, '61 and last saw <sup>her</sup>him alive on 3 p.m. Feb. 13-1961  
Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>L. S. Laffney, M. D.</u>	22b. ADDRESS <u>203 W. Deabata Butler, Mo.</u>	22c. DATE SIGNED <u>2/20/61</u>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-15-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Scott Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Amsterdam, Mo.</u>
--	-----------------------------	---	--

24. FUNERAL DIRECTOR <u>Archer &amp; Mangold, Amsterdam, Mo.</u>	ADDRESS <u>  </u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 23-61</u>	26. REGISTRAR'S SIGNATURE <u>Randall K...</u>
---	-------------------	---	--

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 6 1961

MAR 31 1961

**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

*Robert P. Mangold*

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans

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.

