

124

68 0029248

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 68

9. 0
10a. 77
10b.
11. 0
12. 1
13. 5199
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 2-0

4. 0550

5. 93

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 5117

DECEASED

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Walter O. Wimple		2. Male	3. 7-12-68
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 77	5b.	6. 2-4-91
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Mt. Vernon		7c. No	
7d. Mo. S. Sanatorium, Mt. Vernon, Mo.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri	9. USA	10. Married	11. Mary
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 487-05-0927	13a. Butcher	13b. Packing company	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Mo.	14b. Buchanan	14c. ST. Joseph	14d. 2426 N. 7th St.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Charles William Wimple		16. Martha Landis	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Hospital Records		17b. Missouri State Sanatorium, Mt. Vernon, MO 65712	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) S Respiratory failure DUE TO, OR AS A CONSEQUENCE OF:			
(b) Pulmonary infiltration, far advanced, cavitary, DUE TO, OR AS A CONSEQUENCE OF: cause undetermined.			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20a.	20b.	20c.	20d.
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM 3-11-68 TO 7-12-68	21b. 7-12-68	21c. 7-12-68	21d. did
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22a.		22b.	22c.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
23a. C. E. Hellweg, M. D.		23b. C. E. Hellweg M.D.	23c. 7-12-68
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE ZIP
23a. Missouri State Sanatorium, Mt. Vernon, Mo.		23b. 65712	23c.
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. Removal	24b. Mount Mora Cem	24c. St. Joseph	24d. Mo.
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24a. 7-12-68	24b. Stames Funeral Home	24c. St. Joseph Mo.	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. Charley Bennett	25b. Roy D. Northam	25c. 7-17-68	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

1929-6-1

88-48-6

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

Henry Fetter

Licensed Embalmer No. 5373

P. O. Address Box 1, Vernon, Mo.

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.