

36235

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED DEC 12 1949

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 75

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u> | |
| c. LENGTH OF STAY (in this place) <u>45 years</u> | | d. STREET ADDRESS (If rural, give location) <u>504 8th street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence - 504 8th st</u> | | | |

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|---|---------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Carl</u> c. (Last) <u>Wimsatt</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 18 1949</u> | | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov 20, 1867</u> | 9. AGE (In years last birthday) <u>81</u> <u>10</u> <u>28</u> <u>8</u> <u>10</u> <u>28</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (State or foreign country) <u>Louisville Kentucky</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Robert Wimsatt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Louise Boone</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clara Wimsatt Monett mo</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Clara Wimsatt Monett Mo</u> | |

| | | | | |
|---|--|--|--|----------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>nephritis - Chronic</u> | | | <u>unknown</u> |
| | DUE TO (c) <u>Acute Bronchitis</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>545X</u> | | | | |

| | | | | | |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Sept. 27, 1949 to Nov. 18, 1949 that I last saw the deceased alive on Nov. 17, 1949 and that death occurred at 12:05 p.m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>F. J. M... ..</u> | | 23b. ADDRESS <u>1313 Broadway</u> | | 23c. DATE SIGNED <u>Nov. 21, '49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 21 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St Lawrence Catholic</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dillon Funeral Home Monett Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-29-49</u> | | REGISTRAR'S SIGNATURE <u>W. M. West 12</u> | | | |

RECEIVED DEC 7 1949
District Health Office No. 6,
District File Number 1249-1315
Date Filed 12-7-49

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 _____
Student Embalmer

Signed J. P. Buchanan

Licensed Embalmer No. 3129

P. O. Address Monetta, Va

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 this body is not embalmed, fact should be so stated above.