

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6411

State File No. 997  
Registrar's No. 997

FILED MAR 13 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>1 1/2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Merriam</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vets. Adm. Hospital</b>		STREET ADDRESS (If rural, give location) <b>7512 West 61st</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEWIS</b>	b. (Middle) <b>W.</b>	c. (Last) <b>WIMMERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 15, 1953</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 24, 1896</b>	9. AGE (In years last birthday) <b>57</b> 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steam fitter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Local # 533 AFL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Andrew Wimmers</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Kenzley</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Wimmers</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 8-27-17 to 12-10-18</b>	16. SOCIAL SECURITY NO. <b>494-16-1910</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Files of Veterans Administration</b>	ADDRESS
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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.	MEDICAL CERTIFICATION <b>Hemiplegia, right,</b>		INTERVAL BETWEEN ONSET AND DEATH <b>13 mos</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>due to old cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Generalized arteriosclerosis, severe</b> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>as above</b>		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		<b>331</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **October 24, 1952** to **February 15, 1953**, that he was deceased on **February 15, 1953**, and that death occurred at **6:00 pm.**, from the causes and on the date stated above.

22a. SIGNATURE <b>George A. Higgins</b> (Degree or title) <b>GEORGE A. HIGGINS, M.D. Chief, Surg. Serv.</b>	23b. ADDRESS <b>V.A. Hospital, Kansas City, Mo.</b>	23c. DATE SIGNED <b>2-16-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-18-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-16-53</b>	REGISTRAR'S SIGNATURE <b>Deraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE/ <b>V. Royce Hoge</b>	ADDRESS <b>Overland Park, Kans.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*John R. Sidmon*

Licensed Embalmer No. 4531

P. O. Address: Kansas City, 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 this body is not embalmed, fact should be so stated above.