

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9530**
Registrar's No. **303**

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465**

1390
1

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

623 West Walnut

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield (RURAL)		c. LENGTH OF STAY (In this place) 29 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield (RURAL)		d. STREET ADDRESS (If rural, give location) Rural Route # 4
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route # 4			d. STREET ADDRESS (If rural, give location) Rural Route # 4		
3. NAME OF DECEASED (Type or Print) a. (First) ESTELLA			b. (Middle) BELLE		c. (Last) WIMMER
4. DATE OF DEATH (Month) (Day) (Year) March 22, 1953					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 13, 1870	9. AGE (In years last birthday) 82	10. MONTHS 7
11. DAYS 3	12. HOURS 	13. MIN. 	14. MAX. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Caledonia, Minnesota		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lafayette Briggs		13b. MOTHER'S MAIDEN NAME Martha Paddock		14. NAME OF HUSBAND OR WIFE Jacob Wimmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Isabel Murphy		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Possibly about 1Yr		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensating heart			DUE TO (b) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2-26 , 19 53 , to 3-22 , 19 53 that I last saw the deceased alive on 3-20 , 19 53 , and that death occurred at 9:35 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE C. E. Keller			23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 3/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/25/1953	24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri		
DATE REC'D BY LOCAL REG. 3-24-53		REGISTRAR'S SIGNATURE Edith Williams Registrar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AYRE-GOODWIN FUN'L SERVICE, Spgfld, Mo.,		

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 _____

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.