

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3903**

BIRTH NO. **FILLED MAR 10 1954** REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **19**

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1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. CITY (If outside corporate limits, write RURAL and give township) Monett	
c. LENGTH OF STAY (In this place) 3 Days		d. STREET ADDRESS (If rural, give location) 504 8th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital			

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3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Anna c. (Last) Wimsatt			4. DATE OF DEATH (Month) (Day) (Year) 3 1 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 3, 1881	9. AGE (In years last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Petersburg, Nebr.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME August T. Bramer	13b. MOTHER'S MAIDEN NAME Anna Chavamu	14. NAME OF HUSBAND OR WIFE Carl Wimsatt
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Tom Wimsatt	ADDRESS Monett, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-10-1952** to **3-1-54**, 19**54**, that I last saw the deceased alive on **3-1-54**, 19**54**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Donald Ken MD	(Degree or title)	23b. ADDRESS Monett Mo	23c. DATE SIGNED 3-3-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-4-1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Monett, Mo.
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DATE REC'D BY LOCAL REG. 3-4-54	REGISTRAR'S SIGNATURE Catherine Henderson	487-0	25. FUNERAL DIRECTOR'S SIGNATURE Mercer Funeral Home, Monett, Mo.	ADDRESS
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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

Pop A. Mercer

Licensed Embalmer No. 4432

P. O. Address Manett, Md.

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.