FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20030
STATE FILE NUMBER

Registration District No. 96 Primary Registration District No. 6290 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Benton — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 65 1.5 miles South Buffalo — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dallas
c. CITY OR TOWN Buffalo 0300 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Mo. (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Morris Middle — Last Wimberly
4. DATE OF DEATH Month June Day 25 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 7, 1897
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months 4 Days 18 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Buffalo, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Wimberly
14. MOTHER'S MAIDEN NAME Geneva Story
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Ruby Wimberly Buffalo, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) abdominal hemorrhage — 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) rupture of a dissecting aneurism of the abdominal aorta — ?
DUE TO (c) atheroma

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
atheroma 451X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 23, 1955 to June 25, 1956 and last saw him alive on June 25, 1956
Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph G. Bennett, D. O. (Degree or title)
22b. ADDRESS Buffalo, Missouri
22c. DATE SIGNED 6/26/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-27-1956
23c. NAME OF CEMETERY OR CREMATORY Benton Branch
23d. LOCATION (City, town, or county) (State) Dallas County, Mo.

24. FUNERAL DIRECTOR Montgomery Funeral Home ADDRESS Buffalo
25. DATE RECD. BY LOCAL REG. 6/28/56
26. REGISTRAR'S SIGNATURE Grace Patrick

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lelyde Montgomery.....

Licensed Embalmer No. 3...

P. O. Address Buffalo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.