

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039826

STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5373

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3428 Campbell			Length of stay in 1b 81 yrs		d. STREET ADDRESS 3428 Campbell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CARRIE BIMMERMAN				4. DATE OF DEATH Month Day Year 11 10 58				
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-11-1866		9. AGE (In years last birthday) 91	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Lexington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Baehr			13b. MOTHER'S MAIDEN NAME Mary Kohlbracker			14. NAME OF HUSBAND OR WIFE Frank W. Bimmerman		
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 Mrs. Edna M. Thompson, 3428 Campbell			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA							INTERVAL BETWEEN ONSET AND DEATH 15 MINUTES	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDIAL FIBROSIS							25-30 YRS.	
DUE TO (c) CORONARY ARTERIOSCLEROSIS							25-30 YRS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS. CHRONIC GLOMERULONEPHRITIS							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4001					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 DECEMBER 1957 to NOVEMBER 10, 1958 and last saw her alive on NOVEMBER 10, 1958 Death occurred at 5:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Ruth A. Hardacre M.D.					22b. ADDRESS 3300 Charlotte - K.C. 9. Mo.		22c. DATE SIGNED 11/12/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-13-58	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) Kansas City		23e. (State) Mo.	
24. FUNERAL DIRECTOR Nagler Funeral Home. K C Mo				25. DATE RECD. BY LOCAL REG. 11-13-58		26. REGISTRAR'S SIGNATURE Irene Marshall		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Ruth A. Hardacre

VA 1-2910

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
Signature of Student Embalmer

Signed *Thomas R. Faehler*

Licensed Embalmer No. *4993*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.