

Dept. Health,  
oc., & Welfare  
S. Public  
Health Service

*Smith*  
FILED VS JUL 7 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-024095  
STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 73

V. S. 300  
Rev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Polt</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Polt</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bolivar 08412</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in the Home</u>			Length of stay in lb <u>30 yrs</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Otis Payla Wimberly</u>				4. DATE OF DEATH Month Day Year <u>June 25-60</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 26-1897</u>	9. AGE (In years last birthday) <u>62</u>	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. procy Sabamor</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Charles Wimberly</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Wimberly</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. I</u>		16. SOCIAL SECURITY NO. <u>495-07-0574</u>	17. INFORMANT Address <u>Grace Wimberly - Polt. Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>arteriosclerotic Heart Disease</u> DUE TO (c) <u>4200</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm,actory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>May 12 1958</u> to <u>Feb. 10 1960</u> and last saw <sup>her</sup> him alive on <u>Feb. 10. '60</u> Death occurred at <u>9:50 A.M</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>G.D. Smith M.D.</u> (Degree or title)				22b. ADDRESS <u>Bolivar Mo</u>		22c. DATE SIGNED <u>June 28. '60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
<u>Burial</u>	<u>June 27-60</u>	<u>Greenwood</u>		<u>Bolivar</u>		<u>Mo</u>	
24. FUNERAL DIRECTOR <u>Pitts funeral Home - Bol. Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>July 1, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell</u>		

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JUL 7 1960

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 *Sidney J. Pitts* .....

Licensed Embalmer No. *4939* .....

P. O. Address *Bolivar, 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.