

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034031

FILED VS OCT 4 1960

STATE FILE NUMBER

Registration District No. ~~44~~ Primary Registration District No. 4062 Registrar's No. 13

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Caldwell</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cowgill</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Caldwell</b>
Length of stay in 1b		c. CITY OR TOWN <b>Cowgill</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		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)			4. DATE OF DEATH		
First <b>Louisa</b>	Middle <b>Blanche</b>	Last <b>Rimmer</b>	Month <b>9</b>	Day <b>22</b>	Year <b>1960</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-15-1895</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Rogers, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Benjamin G. Parker</b>		13b. MOTHER'S MAIDEN NAME <b>Ida R. Wilmouth</b>		14. NAME OF HUSBAND OR WIFE <b>Claude C. Rimmer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Claude C. Rimmer, Cowgill, Mo</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Coronary Thrombosis</b>	<b>few minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Arteriosclerosis</b>	<b>many years</b>
	DUE TO (c) <b>Generalized Arteriosclerosis</b>	<b>many years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown

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 a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 8:45 to P. and last saw her alive on 9/25/60.  
Death occurred at 8:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>E. Goldberg M.D.</b>	(Doctor or title)	22b. ADDRESS <b>B. Rimmer, Mo.</b>	22c. DATE SIGNED <b>9/25/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9-26-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cowgill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cowgill, Missouri</b>
24. FUNERAL DIRECTOR <b>Cramer Clark, Kingston, Mo</b>		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <b>Dr. Ruth Ann Jorgart</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

