SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021852
STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. ~~3040~~ 5704 Registrar's No. 115

FILED JUN 5 1961

1. PLACE OF DEATH
a. COUNTY LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WHEELING — Length of stay in 1b: 68 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NO STREET ADDRESS — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First LESLIE Middle ARNOLD Last DIMITT
4. DATE OF DEATH: Month JUNE Day 5 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/28/1892
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): WHEELING, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE R. DIMITT
13b. MOTHER'S MAIDEN NAME: ELLA M. ARNOLD
14. NAME OF HUSBAND OR WIFE: NELLIE E. HARPER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ROBERT L. DIMITT — Address: WHEELING, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiac Decompensation & Hypertension
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Oct 1955, to June 3, 1961 and last saw ~~her~~ him alive on June 3, 1961
Death occurred at 5:00 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Neil Bryan (Degree or title) D.O.
22b. ADDRESS: Wheeling, Mo.
22c. DATE SIGNED: 6-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 7, 1961
23c. NAME OF CEMETERY OR CREMATORY: WHEELING CEMETERY
23d. LOCATION (City, town, or county) (State): WHEELING, MISSOURI

24. FUNERAL DIRECTOR: NORMAN FUNERAL HOME — ADDRESS: Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG.: June 6, 1961
26. REGISTRAR'S SIGNATURE: Amalu Taylor

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISS

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.