

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-043820

STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 310

FILED JAN 2 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Callaway</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Callaway</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Memorial Hosp.</u>		c. CITY OR TOWN <u>Portland</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in 1b <u>10 days</u>		d. STREET ADDRESS <u>R 7 D</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>John</u>	Middle <u>B.</u>	Last <u>Wimmer</u>	4. DATE OF DEATH	Month <u>Dec.</u>	Day <u>21</u>	Year <u>1961</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-31-1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Loose Creek</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
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13a. FATHER'S NAME <u>Fred Wimmer</u>	13b. MOTHER'S MAIDEN NAME <u>Adaline Werke</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Wimmer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	17. INFORMANT <u>Gertrude Wimmer</u>	Address <u>Portland, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CIRCULATORY COLLAPSE (SHOCK)</u>		<u>1 DAY</u>
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>1 YEAR</u>
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>AC. PANCREATITIS; CARCINOMA PROSTATE</u>	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
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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.)
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20c. TIME OF INJURY	Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <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 _____
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21. I attended the deceased from NOT 61 to PRESENT and last saw her/him alive on DEC 21, 1961
 Death occurred at 5:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>James E. Hice</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Fulton Mo</u>	22c. DATE SIGNED <u>12-22-61</u>
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23a. FUNERAL CREMATION, REMOVAL (Specify)	23b. DATE <u>12-23-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u>	ADDRESS <u>Fulton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 26-1961</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 M. Emmerson

Licensed Embalmer No. 5064

P. O. Address Fulton, Md

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.