

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025234

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251

Primary Registration District No. _____

Registrar's No. 144

STATE FILE NUMBER

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

Great Cannon

VS 300
Rev. 4/59

1 0740
2 0740
3
4 0
5 0
6
7 0
8 3
9 9298
10 42
11 074
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burlington Jct.		Length of stay in 1b 4 years	c. CITY OR TOWN Burlington Jct.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 miles southwest		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6 miles southwest
3. NAME OF DECEASED (Type or print)		First ELMER	Middle EUGENE
		Last WILMES	4. DATE OF DEATH Month 6 Day 9 Year 63
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/30/54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (last birthday) 8
11. BIRTHPLACE (City and state or country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bernard J. Wilmes		13b. MOTHER'S MAIDEN NAME Cecelia Gast	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT Mrs. Bernard, J. Wilmes, Burlington Jct., Mo	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Drowning		INTERVAL BETWEEN ONSET AND DEATH minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 checked="" 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.) Fell in Nodaway River	
20c. TIME OF INJURY Hour 3 a.m. p.m. Month, Day, Year 6 9 63	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.F.D. Burlington Junction Nodaway Mo	20f. CITY, TOWN, OR LOCATION Burlington Junction COUNTY Nodaway STATE MO	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 3:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. F. Buford (Degree or title) M.D.		22b. ADDRESS Maryville, Missouri	
		22c. DATE SIGNED 6/11/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/11/63	
23c. NAME OF CEMETERY OR CREMATORY St. Mary's		23d. LOCATION (City, town, or county) Maryville, Missouri	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 6 11 63	
		26. REGISTRAR'S SIGNATURE Beno Holt	

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.

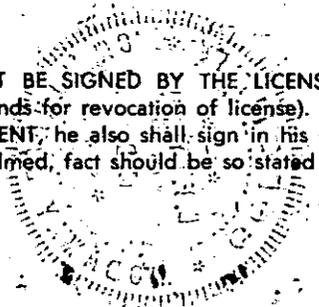
Student _____
Signature of Student Embalmer

Signed *G. T. Merritt*

Licensed Embalmer No. 5188

P. O. Address Marysville, 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.



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