

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43005**

Registration District No. **136**

Primary Registration District No. **5194**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County **Cassell**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT

FULL NAME **Dean Gathin Wimprie**

8. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex **M**

5. Color or

race **N**

6. (a) Single, widowed, married,

divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

(Month)

**1**

(Day)

**28**

(Year)

**1898**

8. AGE:

Years

Months

Days

If less than one day

**41**

**10**

**24**

hr.

min.

9. Birthplace

**Dewitt MO**

(City, town, or county)

(State or foreign country)

10. Usual occupation

**Farmer**

11. Industry or business

MOTHER FATHER

12. Name

**Peter B. Wimprie**

13. Birthplace

**Dewitt MO**

(City, town, or county)

(State or foreign country)

14. Maiden name

**Eugene Gathin**

15. Birthplace

**Green Top MO**

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

**Appie B. Wimprie**

(b) Address

**Dewitt MO**

17. (a) **Eugene Gathin**

(Burial, cremation, or other)

(b) Date thereof

**12 28 39**

(Month) (Day) (Year)

(c) Place: burial or cremation

**Eugene Gathin**

18. (a) Signature of funeral director

**Walter Marshall**

(b) Address

**Cassell MO**

19. (a) **12/26/39**

(Date received local registrar)

(b) **Alta Henderson**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Cassell**  
(c) City or town **Dewitt Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **22**  
year **1939** hour **12<sup>10</sup>** minute **3** M.

21. I hereby certify that I attended the deceased from **Dec 20 39**  
\_\_\_\_\_, 19\_\_\_\_, to **Dec 22**, 19\_\_\_\_  
that I last saw him alive on **Dec 22**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death

**mania & Patu**

Duration

**3 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **H. G. Smell**

(M. D. or other) **1**

Address **Dewitt MO**

Date signed **12-20-39**

RECEIVED  
District Health Officer No. B.  
Date Filed 1/5/40  
Index File Number

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**