

FILED APR 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7959

BIRTH NO.		REG. DIST. NO. <u>102</u>	PRIMARY REG. DIST. NO. <u>4174</u>	Registrar's No. <u>1</u>
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cardwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cardwell</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>		b. (Middle)		c. (Last) <u>Wycoff</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1949</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>July 23, 1871</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>8</u> Day <u>4</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Goffville, Kentucky</u>
12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>Cranmore</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Wycoff</u>
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'S SIGNATURE OR NAME <u>Hattie Wycoff</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cancer of face</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1911</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>10-12</u> , 19 <u>48</u> , to <u>3-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-25</u> , 19 <u>49</u> , and that death occurred at <u>8:30pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. W. Hightower</u>		(Degree or title) <u>(1)</u>		23b. ADDRESS <u>Cardwell, Mo</u>
23c. DATE SIGNED <u>4-2-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>
24d. LOCATION (City, town, or county) (State) <u>Cardwell, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>4-4-49</u>		REGISTRAR'S SIGNATURE <u>E. L. Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Emerson</u>
				ADDRESS <u>Paragould, Arkansas</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED

District Health Office No. 24

District File Number 449-462

Date Filed 4-6-49

APR 20 1949

APR 7 1949

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
Student Embalmer

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, fact should be so stated above.