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FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Sillsby
State File No. 15602

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>487</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>12 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Willow Springs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1 X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phyllip</u> b. (Middle) <u>Luther</u> c. (Last) <u>Wyrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 10 1921</u>		9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Willow Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Luther Wyrick</u>			13b. MOTHER'S MAIDEN NAME <u>Amy Frommel</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # 2</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jack Moore Porterville, Calif.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulonephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						INTERVAL BETWEEN ONSET AND DEATH <u>592X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>5-28</u> , 19 <u>49</u> , to <u>5-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-29</u> , 19 <u>49</u> , and that death occurred at <u>4:50a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William J. Paul, M.D.</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>5/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/1/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willow Springs Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6/1/49</u>		REGISTRAR'S SIGNATURE <u>W.S. Hurdley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>			

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

AUG 10 1949

AUG 14 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. 277

working under my personal supervision.

Student Robert W. McAnar
Student Embalmer

Signed

Walter E. Hamella

Licensed Embalmer No. 3808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.