

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1493

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Little Blue <i>name township</i> )		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION County Emergency Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Levasy	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Dolan c. (Last) Wynn			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7. 1950		
5. SEX Male <i>O</i>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH July 18, 1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 5 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm work	11. BIRTHPLACE (State or foreign country) Rolla Mo. <i>O</i>	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Daniel O. Wynn	13b. MOTHER'S MAIDEN NAME Belle Powell	14. NAME OF HUSBAND OR WIFE Mary Jane Wynn <i>Died 1942</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or date of service) 496-09-3590	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Wynn--- Buckner, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fractured neck</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>County home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson MO</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>1-7-50 9:30 P m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>Jumped out of window</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Donald C. Emshorn</i>	23b. ADDRESS <i>1034 Pacific Blvd</i>	23c. DATE SIGNED <i>1-12-50</i>
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24a. BURIAL/CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 10. 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Buckner Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Buckner Missouri</i>
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DATE REC'D BY LOCAL REG. <i>JAN. 12, 1950</i>	REGISTRAR'S SIGNATURE <i>Donald C. Emshorn</i>	578	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Vernon M. Reppeck Buckner Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

JAN 23 1950

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 \_\_\_\_\_

working under my personal supervision.

Student.....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Vernon M. Leppert

Licensed Embalmer No. 4311

P. O. Address Buckner, 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.