

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13542**BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>	c. LENGTH OF STAY (In this place) <u>30 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro Rural 0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi west of Mansfield Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>PATRICK JOSEPH</u>		b. (Middle) <u>JOSEPH</u>		c. (Last) <u>WYNNE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 11 1950</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MAR. 17, 1970</u>		9. AGE (In years last birthday) <u>80</u>		# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Michael Lynch</u>		ADDRESS <u>Mansfield Mo</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General infirmities of old age</u> <u>Bronchopneumonia - Sen. arteriosclerosis,</u> DUE TO (b) <u>A.S.H.D.</u> (c) <u>(supp. report)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Decubitus ulcer left hip.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
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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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from March 29, 1950, to April 11, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 3:07 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>DeSoto, Mo.</u>		23c. DATE SIGNED <u>4-13-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 13 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Shepherd Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hillsboro Mo</u>	
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DATE REC'D BY LOCAL REG. <u>4-14-50</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		1411		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald B. Bittich</u>		ADDRESS <u>DeSoto Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

09-12-74 RECEIVED
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 _____

Perry H. Milster

Student Embalmer No. *346*

working under my personal supervision.

Signed *Perry H. Milster*
Student Embalmer

Signed *Arnold B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Debate 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.