No. 300
10.48

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

FILED DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41325

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1076

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield (RURAL) ~~North Campbell Twp~~
d. STREET ADDRESS (If rural, give location): Rural Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) LENNIE b. (Middle) M. c. (Last) WYMAN
4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 3, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James Young
13b. MOTHER'S MAIDEN NAME: Mary Hansford
14. NAME OF HUSBAND OR WIFE: Andrew Wyman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Carl Wyman — ADDRESS: Route # 1, Spgfld, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Infection Chronic Myocarditis ~~Senility~~ — INTERVAL BETWEEN ONSET AND DEATH: 2 month 12 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-9, 1951, *to* 12-19, 1951, *that I last saw the deceased alive on* 12-18, 1951, *and that death occurred at* 7:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: C E Fuller D (Degree or title) M.D.
23b. ADDRESS: 609 Cherry, Springfield, Mo
23c. DATE SIGNED: 12/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/ /1951
24c. NAME OF CEMETERY OR CREMATORY: Mt. Comfort Cemetery
24d. LOCATION (City, town, or county) (State): Greene County, Missouri

DATE REC'D BY LOCAL REG.: 12-20-51
REGISTRAR'S SIGNATURE: Earl Williamson, Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ayre-Goodwin Fun'l Service, Spgfld, Missouri

(License of Embalmer's Statement on Reverse Side)

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 Harry Ayre

Licensed Embalmer No. 4594

P. O. Address Springfield

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.