

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4723

FILED FEB 26 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5444 Registrar's No. 26

3400
1

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Sangamon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 2 Months		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles N.E. Jamesport, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Lillian	c. (Last) Wynne	4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 2 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Jamesport, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sylvester Bear	13b. MOTHER'S MAIDEN NAME Priscilla J. Jones	14. NAME OF HUSBAND OR WIFE Geo. W. Wynne (Dec'd)
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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) No	16. SOCIAL SECURITY NO. 322-28-3987	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hubert Price, Jamesport, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Indefinite Symptoms of 2 or 3 mo. only
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Malignancy of intestine		
	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.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 153X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 Dec. 27, 1951, to Feb 8, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 12:30Pm., from the causes and on the date stated above.

23a. SIGNATURE L. H. Sellers M.D.	(Degree or title)	23b. ADDRESS Wenton, Mo.	23c. DATE SIGNED 2-10-1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-10-1952	24c. NAME OF CEMETERY OR CREMATORY Pilot Grove No. 2	24d. LOCATION (City, town, or county) (State) Daviess County, Missouri
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DATE REC'D BY LOCAL REG. 2/10/52	REGISTRAR'S SIGNATURE J. E. Fair	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Gallatin, Mo.
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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

L. O. Richerson

Licensed Embalmer No.

3307

P. O. Address

Lallatur, 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.