No. 300
10-48

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7154

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6284 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MONTGOMERY TWP. MANES, Mo.
c. LENGTH OF STAY (in this place) 20 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At HeR Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MaNeS (MONTGOMERY)
d. STREET ADDRESS (If rural, give location) MANES, Mo. WRight Co. 1140

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) Alice c. (Last) WYNN
4. DATE OF DEATH (Month) (Day) (Year) 1 - 24 - 52
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2 APRIL 14 1874
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 9 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY SAME
11. BIRTHPLACE (State or foreign country) Pulaski County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jackson Lewis
13b. MOTHER'S MAIDEN NAME AMANDA WARE
14. NAME OF HUSBAND OR WIFE GEORGE WYNN
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 Ethel Cline, ADDRESS Manes Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 10 yrs
DUE TO (c) Hypertension — 7 yrs

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 331X
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* July, 1951, *to* 1-24, 1952, *that I last saw the deceased alive on* 1-20, 1952, *and that death occurred at* 5:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R O Dewitt D.O. (Degree or title)
23b. ADDRESS Waynesville
23c. DATE SIGNED 2-4-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1-27-52
24c. NAME OF CEMETERY OR CREMATORY Greenmountain
24d. LOCATION (City, town, or county) Green Mountain (State) Mo.
DATE REC'D BY LOCAL REG. 2-11-52
REGISTRAR'S SIGNATURE E B Garner 346-1
25. FUNERAL DIRECTOR'S SIGNATURE Kew Barber ADDRESS Mtn Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 16 1952
WRIGHT CO. HEALTH DEPT.
County File Number 252-20
Date Filed Feb. 16, 1952

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 [illegible]

Licensed Embalmer No. 3848

P. O. Address [illegible]

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.