S. No. 300
Rev. 10-48

FILED JUN 3 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19185

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6251 Registrar's No. 15 –

#m 1110 1

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wappapello 1110
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): Amos
b. (Middle): Adam
c. (Last): Wyninger

4. DATE OF DEATH (Month) (Day) (Year): April 10 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec. 11 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Alma, Ark. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John F Wyninger
13b. MOTHER'S MAIDEN NAME: Ellen Cox
14. NAME OF HUSBAND OR WIFE: Mary Wyninger

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mary Wyninger — ADDRESS: Wappapello 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): Heart failure

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.

INTERVAL BETWEEN ONSET AND 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.): Same
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wappapello Wayne Mo
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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:15 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvin E. Bowler 3 Coroner
23b. ADDRESS: Piedmont Mo
23c. DATE SIGNED: May 10, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: Apr. 12 1952
24c. NAME OF CEMETERY OR CREMATORY: Wappapello Cemetery
24d. LOCATION (City, town, or county) (State): Wappapello Mo

DATE REC'D BY LOCAL REG.: 5/26/52
REGISTRAR'S SIGNATURE: Mabel Beasley 341
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan — ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 2 1952
WAYNE CO. HEALTH CENTER

JUL 2 0 1952

FILE No. 652-34

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 William H Swanson

Licensed Embalmer No. 4680

P. O. Address Advance 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.