

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

0420

999

BIRTH NO. FILED MAR 13 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if distribution of estate before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bartlesville</u>	
c. LENGTH OF STAY (In this place) <u>5 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>8350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospt.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank Earl</u> b. (Middle) <u>Griggs</u> c. (Last) <u>Wyckoff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 15 53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19, 1893</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bldg. Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Phillips Petr. Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>W.J.J. Griggs Wyckoff</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Griggs Rogers</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Wyckoff</u>
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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>WW I</u>	16. SOCIAL SECURITY NO. <u>44-10-537</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Wyckoff Bartlesville, Okla.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>102X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus with</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>infarction</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Empyema, Carcinoma of lung</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lung, Primary</u>	20. AUTOPSY? YES <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Angelo Iapi</u> (Degree or title) <u>Angelo Iapi M.D. Surgeon</u>	23b. ADDRESS <u>101 Memorial Drive</u>	23c. DATE SIGNED <u>2/15/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Bartlesville Okla.</u>
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DATE REC'D BY LOCAL REG. <u>2-16-53</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & McClure</u>	ADDRESS <u>K. C. MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 1953

APR 1 1953

APR 13 1953

APR 27 1954

APR 27 1953

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

F. J. Waller

Licensed Embalmer No. *2784*

P. O. Address *15 corner*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 6725

State of OKLAHOMA }
County of WASHINGTON } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 6TH day of APRIL, 1953, before me appears

MRS. FRANCES WYCKOFF, who, upon HER oath, states that the original record of death for FRANK EARL GRIGGS WYCKOFF, died FEBRUARY 15, 1953, in the State of Missouri, and which was filed at KANSAS CITY, MISSOURI on FEB. 16, 1953, should be corrected as follows:

Item No. should read

Instead of

Item No. 3 should read FRANK EARL GRIGGS WYCKOFF

Instead of FRANK A. GRIGGS WYCKOFF

Item No. 2 should read WASHINGTON COUNTY

Instead of NOWATA COUNTY

Item No. 13-B should read SARAH ROGERS

Instead of SARAH GRIGGS

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frances Wyckoff WIFE Relationship.

701 CHOCTAW, BARTLESVILLE, OKLAHOMA Present Address.

Subscribed and sworn to before me this 6TH day of APRIL, 1953

My Commission expires SEPT. 25, 1955 Notary Public.

S-6425