

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28157**  
Registrar's No. **22**

FILED AUG 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **4151**

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steelville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Courtois</b>	
c. LENGTH OF STAY (in this place) <b>10 mos</b>		d. STREET ADDRESS (If rural, give location) <b>Berryman Mo 0280</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Matt St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Lawrence</b> c. (Last) <b>Wynne</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 30 1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 11-1879</b>		9. AGE (In years last birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Scale Inspector Railroad</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson Co., Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Barney Wynne</b>		13b. MOTHER'S MAIDEN NAME <b>Tillie Todd</b>		14. NAME OF HUSBAND OR WIFE <b>Birdie Woodford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Budie Wynne-Berryman</b> ADDRESS <b>Mo</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe debility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>10 years</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>histoplasmosis</b> <b>chronic</b>			
		DUE TO (c) _____			
		11. 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 <b>1342</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 **Jan 1953**, to **July 30, 1953**, that I last saw the deceased alive on **July 29, 1953**, and that death occurred at **8:30** m. from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Steelville, Mo</b>		23c. DATE SIGNED <b>7/30/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-1-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Oddfellow</b>	
		24d. LOCATION (City, town, or county) <b>Bismark</b>		(State) <b>Mo.</b>	

DATE REC'D BY LOCAL REG. <b>8-21-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>76-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>See Motherhead-DeSoto, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 23 1930

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

*Andrew H. England*

Licensed Embalmer No. \_\_\_\_\_

*4745*

P. O. Address \_\_\_\_\_

*W. L. Lutz, 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.