

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12588

State File No.

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Bedford Twp)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Twp Unknown) 0820	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp		d. STREET ADDRESS (If rural, give location) Farm Residence	

3. NAME OF DECEASED (Type or Print)	a. (First) Harold	b. (Middle) Glendon	c. (Last) Wyble	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20, 1919	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 MINS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (State or foreign country) Pike County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Cleve H. Wyble	13b. MOTHER'S MAIDEN NAME Nettie Turpin	14. NAME OF HUSBAND OR WIFE Margaret Reid Wyble
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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) Yes WW 2	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr John Wyble	ADDRESS Eolia Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Etemia 1st, 2nd & 3rd degree burns DUE TO (c) malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Exfoliating dermatitis Pneumonia due to chemical & third degree burns		

19a. DATE OF OPERATION 3/20 2/25 3/27	19b. MAJOR FINDINGS OF OPERATION Coronary artery Infected third degree burns burns of skin grafting	18. AUTOPTSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SOURCE NONFATAL	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 191 - 3 miles south of Troy Lincoln Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Troy Lincoln Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 / 2 / 54 Noon	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident -> five about truck
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22. I hereby certify that I attended the deceased from 3/10, 1954, to 4/12, 1954, that I last saw the deceased alive on 4/11, 1954, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert Stefan Breton MD	23b. ADDRESS 634 N Grand Blvd, St Louis Mo	23c. DATE SIGNED 4/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/14/54	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	24d. LOCATION (City, town, or county) (State) Pike County, Missouri
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DATE REC'D BY LOCAL REG May 12 1954	REGISTRAR'S SIGNATURE Emma B. Riddle KC	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCue Funeral Home Eolia, Missouri.
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(Licensed Embalmer's Statement on Reverse Side)

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

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, my

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address. Troy, Missouri.

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.