

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7364**

313

FILED APR 4 1955

BIRTHING. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>2 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>En Route to Mo. Meth. Hosp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY OR TOWN <u>St. Joseph</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No. STREET ADDRESS (If rural, give location) <u>518 1/2 So. 6th St.</u>		
3. NAME OF DECEASED (Type or Print) <u>AFTON BRYAN WYKOFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>Dec. 30, 1912</u>		
9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Section Hand</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>L. O. Wykoff</u>		13b. MOTHER'S MAIDEN NAME <u>Matte H. Hall</u>			
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-10-5814</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. O. Wykoff, Browning, Mo.</u>	
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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 <u>unk</u> <u>unk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest of the heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Alcoholism</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Active Tuberculosis, far advanced</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5811 A</u>		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?

22. I hereby certify that I attended the deceased from October 1954, to Mar 21, 1955, that I last saw the deceased alive on Mar 21, 1955, and that death occurred at 9:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Martin H. Christ, M. D.</u>	23b. ADDRESS <u>6106 King Hill Ave, St Joseph</u>	23c. DATE SIGNED <u>3-25-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/22/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purdin Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Browning, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>March 28, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barry Funeral Home, St Joseph</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 1956

APR 29 1956

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.....
Signature of Student Embalmer

Signed *L. J. Cherry*.....

Licensed Embalmer No. 467

P. O. Address *A. J. Joseph*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.