No. 300
10.48

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

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 696

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithville
c. LENGTH OF STAY (In this place): 15 Minutes
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: Platte
c. CITY OR TOWN: Deerborn
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Green Twn. 08301

3. NAME OF DECEASED (Type or Print)
a. (First): Live
b. (Middle): Tommy
c. (Last): Wrinkle

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1956

5. SEX: Mele
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Merried
8. DATE OF BIRTH: Mer.11,1897
9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: ferm
11. BIRTHPLACE (City and State or Foreign Country): Preston, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John R. Wrinkle
13b. MOTHER'S MAIDEN NAME: Ida Gerner
14. NAME OF HUSBAND OR WIFE: Alta McKenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 493-42-2696
17. INFORMANT'S SIGNATURE OR NAME: Mrs. L.T.Wrinkle
ADDRESS: Deerborn, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Angina Pectoris

DUE TO (c)

II. 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
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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

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* Oct 20, 1955, *to* Jan 25, 1956, *that I last saw the deceased alive on* Jan 23, 1956, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): M.D.
23b. ADDRESS: Smithville Mo
23c. DATE SIGNED: 1-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-56
24c. NAME OF CEMETERY OR CREMATORY: Camden Point Cem.
24d. LOCATION (City, town, or county) (State): Camden Point, Mo.

DATE REC'D BY LOCAL REG.: 1-27-56
REGISTRAR'S SIGNATURE: Marguerite Hudgens
25. FUNERAL DIRECTOR'S SIGNATURE: Veughn-Aufrenc
ADDRESS: Deerborn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 6 1955
CLAY CO
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No 402

P. O. Address Weston, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.