

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17306

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 38

| | | | | | |
|--|-------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u> | | c. LENGTH OF STAY (in this place) <u>4 yrs.</u> | c. CITY OR TOWN <u>Steelville</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0280</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | f. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>MAE</u> c. (Last) <u>Wycoff</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-56</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>12-28-78</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>4</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Keysville Mo. 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Charles LAY</u> | | 13b. MOTHER'S MAIDEN NAME <u>Missouri LARue</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Russell Bell</u> ADDRESS <u>115 St. Anthony</u> | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Subacute</u> <u>Subacute</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 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) (Minute) | | 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 <u>4-8</u> , 19 <u>56</u> , to <u>5-28</u> , 19 <u>56</u> that I last saw the deceased alive on <u>5-28</u> , 19 <u>56</u> , and that death occurred at <u>11:57 a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Ross</u> | | | 23b. ADDRESS <u>St. James, MO</u> | | 23c. DATE SIGNED <u>6-1-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-31-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Steelville Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Steelville Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>6-1-56</u> | | REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry M. Jonas</u> ADDRESS <u>Steelville</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
b. 48

RECEIVED

Phelps County Health Officer,

County File Number 427

Date Filed JUN 5 1956

JUN 12 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.....
Harry M. J...

Licensed Embalmer No. 262

P. O. Address Steelville

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.