

FILED JUN 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. 20808

2134

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY OR TOWN <b>Maryville</b>  | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>32 Days</b>  |  | STREET ADDRESS (If rural, give location) <b>Box 17</b>  |  |
| .d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>                               |  |   |  |

|  |            |                           |                         |                                      |
|--|------------|---------------------------|-------------------------|--------------------------------------|
| 3. NAME OF DECEASED (Type or Print) <b>JESSE</b> | a. (First) | b. (Middle) <b>ESBOND</b> | c. (Last) <b>WYMORE</b> | 4. DATE OF DEATH <b>June 3, 1956</b> |
|--|------------|---------------------------|-------------------------|--------------------------------------|

|                    |                               |   |  |   |                        |                        |      |
|--------------------|-------------------------------|---|--|---|------------------------|------------------------|------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Dec. 4th, 1897</b> | 9. AGE (In years last birthday) <b>58</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|--------------------|-------------------------------|---|--|---|------------------------|------------------------|------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman, Oglesby Racing Stables</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <b>Barnes City, Iowa</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b> |
|--|-----------------------------------|---|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <b>Daniel Wymore</b> | 13b. MOTHER'S MAIDEN NAME <b>Evelyn Darland</b> | 14. NAME OF HUSBAND OR WIFE <b>Mrs. Velma Wymore</b> |
|---|---|--|

|   |  |   |         |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>488-14-0859</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Velma Wymore, Maryville, Mo. Box 17</b> | ADDRESS |
|---|--|---|---------|

|   |   |             |  |
|---|---|-------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |             | INTERVAL BETWEEN ONSET AND DEATH   |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  |             | <b>72 hrs.</b>   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hepatitis (m.m.o.)</b> |             | <b>3 mo.</b>   |
| DUE TO (c) <b>Extra-cellar Biliary obstruction</b>  |   | <b>583X</b> | <b>3 mo.</b>   |
| 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) (Min.) | 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 **5-2**, 19**56**, to **6-3**, 19**56**, that I last saw the deceased alive on **6-2**, 19**56**, and that death occurred at **12:30** m., from the causes and on the date stated above.

|  |                                     |                                |
|--|-------------------------------------|--------------------------------|
| 23a. SIGNATURE <b>F. W. Thompson</b> (Degree or title) | 23b. ADDRESS <b>705 Bryant Bldg</b> | 23c. DATE SIGNED <b>6-3-56</b> |
|--|-------------------------------------|--------------------------------|

|  |                           |                                    |  |
|--|---------------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>6-3-1956</b> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <b>Peru, Iowa, Mo.</b> |
|--|---------------------------|------------------------------------|--|

|  |  |  |         |
|--|--|--|---------|
| DATE REC'D BY LOCAL REG. <b>6-3-56</b> | REGISTRAR'S SIGNATURE <b>Neva Marshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary, Kansas City, Mo.</b> | ADDRESS |
|--|--|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 13 1956

SEP 20 1956

4-4130  
201-2462

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 43

P. O. Address Kansas

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