

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5103

870

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 870		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside of corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (If this place) 2 1/2 yrs		c. CITY OR TOWN Kansas City		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3814 Harrison				STREET ADDRESS (If rural, give location) 3814 Harrison				
3. NAME OF DECEASED (Type or Print) a. (First) YIGEL			b. (Middle) MANN		c. (Last) WYNN		4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 8, 1886	9. AGE (In years last birthday) 70		If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Robert Rush Wynne		13b. MOTHER'S MAIDEN NAME Lillian Mann		14. NAME OF HUSBAND OR WIFE Marna Golden Wynne				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify (branch)) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-10-1245		17. INFORMANT'S SIGNATURE OR NAME Y.M. Wynne, 3814 Harrison ADDRESS				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation - Terminal  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocardial Infarction DUE TO (c) Coronary Artery Sclerosis + Occlusion  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 10 min. 2 days 3 years 3 years	
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 Dec 10, 1953, to Feb 22, 1957, that I last saw the deceased alive on Feb 21, 1957, and that death occurred at 5:30 A.M., from the causes and on the date stated above.								
23a. SIGNATURE Graham Asher M.D.				23b. ADDRESS 1220 Professional Kansas City, Mo.		23c. DATE SIGNED Feb 22 1957		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-24-57		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Gallatin, Mo.		
DATE REC'D BY LOCAL REG. I 22 57		REGISTRAR'S SIGNATURE neva Minshel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Mortuary Gallatin, Mo.				

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

*Dr. Graham  
Coker*

**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..... *John R. Dicks*

Licensed Embalmer No. *45*

P. O. Address *Kansas*

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.