

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2338

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 172

300
1-57

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>1111 GEORGIA ST.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELVER MERVIN WYMAN</u>		4. DATE OF DEATH Month Day Year <u>JAN. 26 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 31, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NURSERY</u>	11. BIRTHPLACE (City and state or country) <u>LOWES, KY.</u>
13a. FATHER'S NAME <u>THOMAS DICK WYMAN</u>		13b. MOTHER'S MARDEN NAME <u>SUSAN VIRGIN</u>	14. NAME OF HUSBAND OR WIFE <u>GIRLIE MAY WYMAN</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>499-07-0503</u>	17. INFORMANT Address <u>Mrs GIRLIE M. WYMAN - LOUISIANA, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Ventral hernia</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5603</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-----</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1/11/58</u> , to <u>1/26/58</u> and last saw him alive on <u>1/28/58</u> Death occurred at <u>5:00</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Louisiana, Mo.</u>	
22c. DATE SIGNED <u>1-29-58</u>		23. NAME OF CEMETERY OR CREMATORY <u>INTERVIEW CEM., LOUISIANA, MO.</u>	
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN. 28, 1958</u>	
24. FUNERAL DIRECTOR <u>GEO. M. COLLIER, LOUISIANA, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 29, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 15 1961

FEB 20 1958

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

Geo. M. Collins

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.