

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004976  
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. \_\_\_\_\_ Registrar's No. 59-21

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Greenfield</u> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Greenfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shouse St.</u>		d. STREET ADDRESS (If outside, give location) <u>Shouse St.</u>	
Length of stay in lb <u>4 months</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last (Type or print) Ratha Alice Wymore

4. DATE OF DEATH Month Day Year Feb. 23, 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Jan. 24, 1903

9. AGE (In years last birthday) 56 9. UNDER 1 YEAR Months Days 9. UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Polk County, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John William Sawyer 13b. MOTHER'S MAIDEN NAME Clementine Jones 14. NAME OF HUSBAND OR WIFE J. W. Wymore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mr. J. W. Wymore; Greenfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Toxemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) obstruction of rectal colon

DUE TO (c) Carcinoma (cancer)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 1958 to Feb. 1959 and last saw her alive on Feb. 13, 1959

Death occurred at 5:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Klafsch, D.O. 22b. ADDRESS Greenfield, Mo. 22c. DATE SIGNED 2-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 26, 1959 23c. NAME OF CEMETERY OR CREMATORY Greenfield Cem. 23d. LOCATION (City, town, or county) (State) Greenfield, Mo.

24. FUNERAL DIRECTOR ADDRESS J. C. Canada; Greenfield, Mo. 25. DATE RECD. BY LOCAL REG. Feb. 26, 1959 26. REGISTRAR'S SIGNATURE J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

M.K. Lande Schwartz; D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 *J. C. Canada* .....

Licensed Embalmer No. *4196* .....  
P. O. Address *Greenfield, N.H.* .....

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.