

Dept. Health,
S. Public
Health Service

V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020242
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 373 Primary Registration District No. 4545 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshfield		c. CITY OR TOWN Marshfield	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshfield Rest Home		Length of stay in lb Life	
11 th STREET ADDRESS City Hotel		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Robert Middle Lee Last Wyrick			4. DATE OF DEATH Month May Day 12 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1871	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad employee	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Nionqua, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Newton Wyrick	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT Rest Home records - Marshfield, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE EXSANGUINATION		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HEMORRHAGING PEPTIC ULCER OF STOMACH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIO SCLEROSIS 5400		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 5400
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20c. TIME OF INJURY Hour 8:00 a.m. 5/12/59 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Marshfield, Mo. COUNTY STATE
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21. I attended the deceased from 2/5/59 8:00 to 5/12/59 and last saw him alive on 5/12/59 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature] (Degree or title) 2	22b. ADDRESS Marshfield, Mo.	22c. DATE SIGNED 5/24/59
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23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE 5-16-1959	23c. NAME OF CEMETERY OR CREMATORY Nionqua Cemetery	23d. LOCATION (City, town, or county) (State) Nionqua, Missouri
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24. FUNERAL DIRECTOR Rex Rainey Springfield, Mo.	25. DATE RECD. BY LOCAL REG. MAY 22 1959	26. REGISTRAR'S SIGNATURE [Signature]
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. 8312

P. O. Address Springfield, Mo.

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.