

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59-039752

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 197

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Grundy</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Drenton</i>		Length of stay in 1b	c. CITY OR TOWN <i>Jamesport</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Neal Nursing Home</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
1411 <i>Union Street</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>THOMAS EVANS WYNNE</i>			4. DATE OF DEATH Month Day Year <i>Nov. 23 1959</i>			
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5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>MAR 24 1877</i>	9. AGE (last birthday) <i>82</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Grundy County Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Edwin Wynne</i>	13b. MOTHER'S MAIDEN NAME <i>Maria Byrd</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT <i>Mrs. Fred Maxwell</i>	Address <i>Jamesport Mo.</i>
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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) <i>Acute myocardial failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>72 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Severe arteriosclerosis, generalized</i>	<i>5 yrs.</i>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from *4-11-58* to *11-23-59* and last saw him alive on *11-14-59*
Death occurred at *10:30 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. J. Clark</i>	(Degree or title) <i>M.D.</i>	22b. ADDRESS <i>Drenton, Mo.</i>	22c. DATE SIGNED <i>11-25-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov. 25 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>	23d. LOCATION (City, town, or county) (State) <i>Jamesport Mo.</i>
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24. FUNERAL DIRECTOR <i>C. J. Roberson</i>	ADDRESS <i>Jamesport Mo.</i>	25. DATE RECD. BY LOCAL REC. <i>11/25/59</i>	26. REGISTRAR'S SIGNATURE <i>Gene Fair</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *O. L. Roberson*

Licensed Embalmer No. 3244

P. O. Address *Jamesport*

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.