

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015734

FILED VS MAY 9 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2267 STATE FILE NUMBER

ENDED

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 corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 18 Hrs.	c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp. 11th & Harrison		Inside Limits No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1611 West 23rd St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PROCTOR Middle H. Last WYMAN			4. DATE OF DEATH Month April Day 19 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-24-1894	9. AGE (last birthday) 66	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 Railroad Clerk		10b. KIND OF BUSINESS OR INDUSTRY Milwaukee Railroad	11. BIRTHPLACE (City and state or country) Ray Co., Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILEY LEE WYMAN		13b. MOTHER'S MAIDEN NAME MARY EMMA MATHEWS		14. NAME OF HUSBAND OR WIFE FLORA E. WYMAN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I	16. SOCIAL SECURITY NO. 707-12-1619	17. INFORMANT Address Flora E. Wyman, 1611 W. 23rd St., Indep. Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Exsanguination		12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Rupture of Abdominal Aorta	18 hours
	DUE TO (c) Arteriosclerosis	10 years
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> 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 INDEPENDENCE	COUNTY JACKSON	STATE MISSOURI
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21. I attended the deceased from April 2nd - 60 to April 19th - 60 and last saw her alive on April 19th - 1960
Death occurred at 11:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph M. Soper D.O.	22b. ADDRESS 12101 E. 40 Hwy	22c. DATE SIGNED 4/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-23-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	23d. LOCATION (City, town, or county) Kansas City 22, Mo.
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 4-22-60	26. REGISTRAR'S SIGNATURE Neva Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Ralph M. Soper**

VS MAY 9 1960

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 Wm G Cantel

Licensed Embalmer No. 5082

P. O. Address Indip, 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.