URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 2 0 1960

-60-027555

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 136

ENDED

1. PLACE OF DEATH
a. COUNTY LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. FRANCIS HOSP — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY LINN
c. CITY OR TOWN MARCELINE — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 414 E. CURTIS — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First LIZZIE Middle LEORA Last WYLIE
4. DATE OF DEATH Month JULY Day 10 Year 1960
5. SEX FEMALE
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 4-23-1878
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months 3 Days 17 — IF UNDER 24 HR 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) BUCKLIN MO
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN COWELL
13b. MOTHER'S MAIDEN NAME MARY STITH
14. NAME OF HUSBAND OR WIFE FRED WYLIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NO
17. INFORMANT JOHN WYLIE Address MARCELINE 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) Cerebral Thrombosis, multiple — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-vascular Dis
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. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 1949, to 7-10-60 and last saw her/him alive on 7-10-60
Death occurred at 3:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS Marceline, Mo
22c. DATE SIGNED 60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7-12-1960
23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEM
23d. LOCATION (City, town, or county) MARCELINE (State) MO.

24. FUNERAL DIRECTOR Miller-Tillotson ADDRESS MARCELINE MO.
25. DATE RECD. BY LOCAL REG. 7-11-60
26. REGISTRAR'S SIGNATURE Brooklie Owens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lieburn K. Till

Signature of Student Embalmer

Licensed Embalmer No. 450

P. O. Address Marcel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.