RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-036748

FILED VS OCT 6 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9471

STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 22 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Col
c. CITY OR TOWN Jefferson City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1610 North Hayselton Dr. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Louis Middle Edgar Last Wyrick

4. DATE OF DEATH Month September Day 25, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-26-1888

9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Mt.Pleasant,Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John Calvin Wyrick

13b. MOTHER'S MAIDEN NAME Minnie Catherine Wyrick

14. NAME OF HUSBAND OR WIFE Mary Alice

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

16. SOCIAL SECURITY NO. 702-14-4584

17. INFORMANT Address Mary Alice Wyrick, Jefferson City,Mo.

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) Carcinoma of Lung

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ Cerebral Thrombosis or ~~DUE TO (c)~~ Cerebral Metastasis

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

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.) 163X

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 Sept. 4, 1960, to Sept. 25, 1960 and last saw him alive on Sept. 25, 1960
Death occurred at 11:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Kromer, M.D.

22b. ADDRESS 1755 S. Grand

22c. DATE SIGNED SEP 27 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9-28-60

23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson City,Mo.

24. FUNERAL DIRECTOR ADDRESS Bueschers Memorial Home - Jefferson City

25. DATE RECD. BY LOCAL REG. SEP 27 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

VS OCT 6 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

or by _____, Student Embalmer No. ___

working under my personal supervision.

Student ___ ___ ___ ___
Signature of Student Embalmer

Signed Elton H. Reme

Licensed Embalmer No. 4283

P. O. Address St. Louis.

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