

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14986**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **590**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) (township) 4 12 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Highland	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1309 N. 10th May Antony Rest Home		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) A b. (Middle) L c. (Last) Wynkoop		4. DATE OF DEATH (Month) (Day) (Year) May 23 49	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 27, 1864
9. AGE (In years last birthday) 84		4 Months 26 Days	If UNDER 1 YEAR If UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. County Official		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE unknown	

13a. FATHER'S NAME David Wynkoop	13b. MOTHER'S MAIDEN NAME Sarah Hoover	14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME 1309 No. 10th St., City Nursing Home Records ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4200
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) --	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) --	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5-12** **1949** to **5-23** **1949**, that I last saw the deceased alive on **5-23** **1949**, and that death occurred at **10:30 PM** from the causes and on the date stated above.

23a. SIGNATURE Clyton Smith M.D. (Do not write title)	23b. ADDRESS St. Joseph, Mo. 218 No. 7th St.	23c. DATE SIGNED 5-24-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5M24-49	24c. NAME OF CEMETERY OR CREMATORY unknown
24d. LOCATION (City, town, or county) (State) Highland Kans		

DATE REC'D BY LOCAL REG. May 31, 1949	REGISTRAR'S SIGNATURE E. B. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE W. B. ... ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 6 1949
1309 N. 10th

799
14
2

W. Clayton Smith

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 _____

Danny O. Becker Student Embalmer No. *287*
working under my personal supervision.

Student
Student Embalmer

Signed *William Spalding*
Licensed Embalmer No. *4525*

P. O. Address *319 S. 11th St. Omaha, Neb.*

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 this body is not embalmed, fact should be so stated above.