

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29687

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty	
c. LENGTH OF STAY (in this place) 1 Month		d. STREET ADDRESS (If rural, give location) Liberty R 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION IOOF Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) P. c. (Last) Wymore			4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) ()	
8. DATE OF BIRTH Aug 5-1860		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 0 Days 21 IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY "		11. BIRTHPLACE (State or foreign country) Liberty	
12. CITIZEN OF WHAT COUNTRY? US.					

13a. FATHER'S NAME George W. Wymore		13b. MOTHER'S MAIDEN NAME Sarah Francis Turner		14. NAME OF HUSBAND OR WIFE Virginia Pascia Wymore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harold Wymore ADDRESS Liberty Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 7 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		PRECEDENT CAUSES			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			794X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.		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 1949, to 1949, that I last saw the deceased alive on Aug 22, 1949 and that death occurred at 7 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. G. Anderson M.D.		23b. ADDRESS Liberty Mo		23c. DATE SIGNED Aug 26/49	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Aug 29-49		24c. NAME OF CEMETERY OR CREMATORY Fairview	
				24d. LOCATION (City, town, or county) (State) Liberty Mo.	

DATE REC'D BY LOCAL REG. Aug. 26-1949		REGISTRAR'S SIGNATURE Missie Haynes		25. FUNERAL DIRECTOR'S SIGNATURE Shirley Archer ADDRESS Liberty Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

AUG 29

District Health Officer No. 8.

District File Number _____

Date Filed 9-16-49

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 _____
Student Embalmer

Signed John Lombardi

Licensed Embalmer No. 4448

P. O. Address Silverton, 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 this body is not embalmed, fact should be so stated above.