

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39972
Registrar's No. 263

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>115 1/2 E 3rd - Cameron, Mo</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>115 1/2 E 3rd 0291</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Street Nursing Home 1006 Dewey Ave</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 3 - 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Wyckoff</u>	5. SEX <u>F</u>
6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 16 - 1862</u>	9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Cameron, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>905</u>
13a. FATHER'S NAME <u>Jacob Ulrich</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Mahler</u>	14. NAME OF HUSBAND OR WIFE <u>Frank S. Wyckoff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J. T. Westcott</u> ADDRESS <u>1006 Dewey</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral accident with right hemiplegia, Osteoarthritis - Phlebotomias left leg.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4:30</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>3 Feb</u> , 1950, to <u>1 March</u> , 1950, that I last saw the deceased alive on <u>1 March</u> , 1950, and that death occurred at <u>5:52 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter C. McDonald, M.D.</u>		23b. ADDRESS <u>301 N. 8th St. St. Joseph, Mo</u>	23c. DATE SIGNED <u>4 March 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McDaniel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron, Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 10, 1950</u>	REGISTRAR'S SIGNATURE <u>K. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> ADDRESS <u>Cameron Missouri</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. W. M. McMillan
321 71 Street

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 *George Drannell*

Licensed Embalmer No. *4425*

P. O. Address *294 W 4th*

Carroll

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.