

FILED MAR 23 1950

# STANDARD CERTIFICATE OF DEATH

State File No. **8394**

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5466** Registrar's No. **237**

**1. PLACE OF DEATH**  
 a. COUNTY **GREENE**  
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN) **Rural - South Campbell Twp.** c. LENGTH OF STAY (In this place) **4 days**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **OZARK OSTEOPATHIC HOSPITAL**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Polk**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Walnut Grove Walnut Grove Twp.**  
 d. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED**  
 a. (First) **Myrtle** b. (Middle) **May** c. (Last) **Wynkoop**  
 4. DATE OF DEATH (Month) (Day) (Year) **3 14 50**

**5. SEX** **Female** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**  
**8. DATE OF BIRTH** **April 12, 1914** **9. AGE (In years last birthday)** **35** **IF UNDER 1 YEAR** Months **11** Days **2** **IF UNDER 24 HRS.** Hours **12** 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** (State or foreign country) **Missouri** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Lloyd Lyman** **13b. MOTHER'S MAIDEN NAME** **Alba Headley** **14. NAME OF HUSBAND OR WIFE** **Maurice Wynkoop**

**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.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **Maurice Wynkoop, Walnut Grove #3, Mo** **ADDRESS** \_\_\_\_\_

**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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** **Pulmonary Embolism**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)** **Cholecystitis and Right cystic ovary.**  
**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** **3-11-50** **19b. MAJOR FINDINGS OF OPERATION** **Operated for Right Oophorectomy & Cholecystectomy** **20. AUTOPSY?** YES  NO

**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  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **3-10**, 19 **50**, to **3-14**, 19 **50**, that I last saw the deceased alive on **3-14**, 19 **50**, and that death occurred at **5:35 am.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **William D. Stetzel M.D.** **23b. ADDRESS** **Springfield Mo.** **23c. DATE SIGNED** **Mar 14/50**

**24a. BURIAL CREMATION REMOVAL (Specify)** **Burial** **24b. DATE** **3-16-50** **24c. NAME OF CEMETERY OR CREMATORY** **Eudora Cemetery** **24d. LOCATION (City, town, or county) (State)** **Polk Co Mo.**

**DATE REC'D BY LOCAL REG.** **3-17-50** **REGISTRAR'S SIGNATURE** **W.E. Handley M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Paul Funeral Service** **ADDRESS** **Walnut Grove Mo**

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

**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.

Signed Warren D. Dole

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Ch. Brown 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.