

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12442

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5373 Registrar's No. 23

320

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

1. PLACE OF DEATH a. COUNTY <u>De Kalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>De Kalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Camden</u> c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Camden</u> <u>320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles S.W. of Mayville Mo</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles S.W. of Mayville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Summerset</u> c. (Last) <u>Wyckoff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>7</u> <u>50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>July 9 1861</u>	9. AGE (in years last birthday) <u>88</u>	UNDER 1 YEAR Months Days	UNDER 6 WKS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Caldwell Co Mo</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Richard Wyckoff</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Kendrick</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Marie Wyckoff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Chester Wyckoff</u> <u>Mayville Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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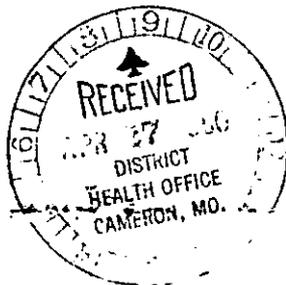
22. I hereby certify that I attended the deceased from Aug 19 44, to April 7 19 50, that I last saw the deceased alive on April 6 19 50, and that death occurred at 1:47 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sherald Fowler M.D.</u>	23b. ADDRESS <u>Mayville, Mo</u>	23c. DATE SIGNED <u>4/8/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McDaniel</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-16-50</u>	REGISTRAR'S SIGNATURE <u>Robert Durshaw</u>	82	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Poland Funeral Home</u> <u>Cameron</u>
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(Licensed Embalmer's Statement on Reverse Side)



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 Robert Polouf

Licensed Embalmer No. 4577

P. O. Address 222 West 2th St. Cameron 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.