

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13953

State File No.

0740

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>5846</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>NODAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Lincoln Twp.</u>		c. LENGTH OF STAY (In this place) <u>9 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lincoln Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mi - N.W. Elmo - 0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. N.W. ELMO</u>				d. STREET ADDRESS (If rural, give location) <u>3 Mi - N.W. Elmo - 0740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>WYMORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5 - 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>MAR. 28 - 1886</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
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>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>Hepburn Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ELZA WYMORE</u>		13b. MOTHER'S MAIDEN NAME <u>ANN PETERSON</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Wymore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eva Wymore - Elmo Mo.</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, asthenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Hodgkin's Disease</u> ANTECEDENT CAUSES <u>with atelectasis of left lung & Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Mediastinal lymphadenopathy</u></u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>201X</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Oct 1949.</u>	
19a. DATE OF OPERATION _____		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 <u>Oct</u> , 19 <u>49</u> to <u>April 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 5</u> , 19 <u>50</u> , and that death occurred at <u>12:30 P.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Lawrence Ford</u>				23b. ADDRESS <u>Elmo - Mo.</u>		23c. DATE SIGNED <u>Apr 5 - 50</u>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 5 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarinda Iowa</u>	
DATE REC'D BY LOCAL REG. <u>4-8-50</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jessie Walker</u>			

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

APR 30 1960



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.....

Loren Davison

Iowa Licensed Embalmer No. 3148

P. O. Address. *Clarinda, Iowa*

Body was Removed to Clarinda Ia. & embalmed there by

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.