

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33099

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4165</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>		c. LENGTH OF STAY (In this place) <u>Most of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>		<u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Wynne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct.</u> <u>22</u> <u>1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 3 1865</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR <u>4</u> Months <u>19</u> Days	IF UNDER 24 Hrs. <u>---</u> Hours <u>---</u> Mins.
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>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Akron Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob Randall</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa M. Fulkerson</u>		14. NAME OF HUSBAND OR WIFE <u>John D. Wynne</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olivia Stephenson, Gallatin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal disease</u> ANTECEDENT CAUSES Morbid 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. <u>Hypertension</u> 19a. DATE OF OPERATION _____						
	INTERVAL BETWEEN ONSET AND DEATH <u>several months from history given</u> 4 4 2 X						
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>May 26, 1950</u> , to <u>Oct 22, 1950</u> , that I last saw the deceased alive on <u>Oct 21, 1950</u> , and that death occurred at <u>5:25A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Fred K. Widen M.D.</u> (Degree or title)				23b. ADDRESS <u>Winston Mo</u>		23c. DATE SIGNED <u>Oct 23, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/20/51 1950</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Englehart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Gallatin Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Ballastine, 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.