

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2234

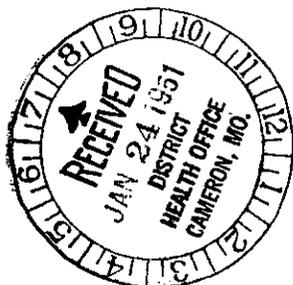
BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6017 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Camden Twp.		c. LENGTH OF STAY (in this place) 30 min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Camden Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles no. Camden, Mo.		d. STREET ADDRESS (If rural, give location) 1 1/2 miles south Camden, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) Lee c. (Last) Wyse			4. DATE OF DEATH (Month) (Day) (Year) January 17 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1894	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR Months 9 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Harrison		13b. MOTHER'S MAIDEN NAME Rowena McCorkendale		14. NAME OF HUSBAND OR WIFE James Blaine Wyse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME James Blaine Wyse, Camden, Missouri	
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of Skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and internal injuries</u> DUE TO (c) <u>automobile accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no other car involved</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instantaneous</u> <u>tarsus</u> <u>egg</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOLOCIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>on highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Camden (Rural) Ray - Mo.</u>	
21d. TIME OF INJURY <u>Jan. 17-51 7:00 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile accident</u> <u>RWR</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. J. H. Baber coroners</u>			23b. ADDRESS <u>Richmond Mo.</u>		23c. DATE SIGNED <u>1-20-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>		24d. LOCATION (City, town, or county) (State) <u>Ray Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-23-51</u>		REGISTRAR'S SIGNATURE <u>Heleen J. Larkin 272</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>	
				ADDRESS <u>Richmond, Mo.</u>	

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

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DEC 7 1955

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 Thomas J. Custer

Licensed Embalmer No. 4474

P. O. Address Richmond 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.