

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3921
State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>40yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2712 Seneca Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2712 Seneca Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bert</u>	b. (Middle) <u>Clyde</u>	c. (Last) <u>Wyckoff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 27, 1951.</u>
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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>August 22, 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Letter Carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Mail</u>	11. BIRTHPLACE (State or foreign country) <u>Bedford, Iowa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Wyckoff</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Jane Laird</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Wyckoff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes Spanish American</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Wyckoff</u>	ADDRESS <u>St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>85 MIN.</u> <u>6 YRS.</u> <u>3 YRS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS, GENERAL</u> <u>HEART DISEASE, ARTERIOSCLEROTIC</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) <u>(Specify)</u>	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) (Min.)	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 1/25/51, 1951, to 2/27/51, 1951, that I last saw the deceased alive on 2/27/51, 1951, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>706 Francis, St. Joseph, Mo</u>	23c. DATE SIGNED <u>2-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 2, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Bedford Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bedford, Iowa.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 6, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castel</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Schneider</u>	ADDRESS <u>St. Joseph, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 14 1951

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

Raymond W. Horchler

Signed ~~****~~ ~~****~~ ~~****~~ ~~****~~
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri

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.