

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7319**

FILED MAR 5 1951

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6226		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Vernon.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Cole TWSP.		c. LENGTH OF STAY (In this place) 6 years.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Cole TWSP.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home of Parents.				d. STREET ADDRESS (If rural, give location) 6 Mi. S.W. of Deerfield Mo.			
3. NAME OF DECEASED (Type or Print) Wayne Dewey Primrose.		a. (First)		b. (Middle)		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married.		8. DATE OF BIRTH May 3rd, 1924	
9. AGE (In years last birthday) 26		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (State or foreign country) Ft. Scott, Kas.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Dewey Primrose.		13b. MOTHER'S MAIDEN NAME Rosalie Walters.		14. NAME OF HUSBAND OR WIFE None.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dewey Primrose, Deerfield RFD.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremic Acidosis ANTECEDENT CAUSES Chronic Pyelo nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pyelo nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Heart disease type undetermined. Conditions contributing to the death but not related to the disease or condition causing death.				(Mo. INTERVAL BETWEEN ONSET AND DEATH) Indefinite 10 years. 6 mos	
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 Dead on arrival - Feby 17th 1951 , that I last saw the deceased on "INSPECT" 19-51 , and that death occurred at 4:30 PM , from the causes and on the date stated above.							
23a. SIGNATURE Walter D. Thurman "Coroner" Nevada Missouri				23b. ADDRESS 3		23c. DATE SIGNED 2-19-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feby. 20th 1951 - Large Cemetery.		24c. NAME OF CEMETERY OR CREMATORY Bourbon Co. Kans.		24d. LOCATION (City, town, or county) (State) Ft. Scott, Kan.	
DATE REC'D BY LOCAL REG. 2-19-51		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE O.A. Cheney		ADDRESS Ft. Scott, Kan.	

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

1080

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 351-432

Date Filed 3-2-57

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.

Signed *O.A. Cheney*

O.A. Cheney

Licensed Embalmer No. 2613

Signed _____

Student Embalmer

P. O. Address Ft. Scott, Kas.

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.