

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15712

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 533

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Buchanan |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph |  | c. LENGTH OF STAY (In this place) 29 days  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital                           |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  |  |
|   |  | d. STREET ADDRESS (If rural, give location) 5524 So. 2nd St.   |  |

|                                     |                |                |                  |   |
|-------------------------------------|----------------|----------------|------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) GUS | b. (Middle) A. | c. (Last) WYRICK | 4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 1951 |
|-------------------------------------|----------------|----------------|------------------|---|

|             |                        |  |                           |  |                      |                       |
|-------------|------------------------|--|---------------------------|--|----------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9-2-1876 | 9. AGE (In years if under 1 year last birthday) 74 | IF UNDER 1 YEAR Days | IF UNDER 1 MIN. Hours |
|-------------|------------------------|--|---------------------------|--|----------------------|-----------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith | 10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. R.R. | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|--|--|----------------------------------|

|                                |                                       |   |
|--------------------------------|---------------------------------------|---|
| 13a. FATHER'S NAME S.C. Wyrick | 13b. MOTHER'S MAIDEN NAME Susan Smith | 14. NAME OF HUSBAND OR WIFE Ella Wyrick |
|--------------------------------|---------------------------------------|---|

|   |                              |   |
|---|------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Wyrick, 5524 So. 2nd St. |
|---|------------------------------|---|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br>3 weeks<br>?<br>2 weeks. |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Acute Coronary Occlusion   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>② Arteriosclerosis General DUE TO (b)<br>③ Nephritis with edema DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) m. | 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 4-1-47 to 5-11, 1951, that I last saw the deceased alive on 5-11, 1951, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

|                             |                             |                          |
|-----------------------------|-----------------------------|--------------------------|
| 23a. SIGNATURE: [Signature] | 23b. ADDRESS 510 Carby Blvd | 23c. DATE SIGNED 5/12/51 |
|-----------------------------|-----------------------------|--------------------------|

|  |                     |   |  |
|--|---------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-13-1951 | 24c. NAME OF CEMETERY OR CREMATORY Civil Bend | 24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo. |
|--|---------------------|---|--|

|                                       |                                      |  |                         |
|---------------------------------------|--------------------------------------|--|-------------------------|
| DATE REC'D BY LOCAL REG. May 18, 1951 | REGISTRAR'S SIGNATURE Carl C. Casper | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS St. Joseph, Mo. |
|---------------------------------------|--------------------------------------|--|-------------------------|

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

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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, John E. Rupp

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.