

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17579

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 77

812  
4

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla Mo. 0812	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William Frank Wycoff	William	Frank	Wycoff	4 27 51

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-5-1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Days 5	IF UNDER 4 HRS. Hours Min. 22
-------------	------------------------	--	----------------------------	------------------------------------	------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Phelps Co, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	----------------------------------

13a. FATHER'S NAME Martin Wycoff	13b. MOTHER'S MAIDEN NAME Mary Pinson	14. NAME OF HUSBAND OR WIFE Lura Key
----------------------------------	---------------------------------------	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Parry Wycoff St. James, Mo.
---	------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Scurvy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Su	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 WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 9:50 PM, 1951, to 4-27, 1951, that I last saw the deceased alive on 4-26, 1951, and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. [Signature]	23b. ADDRESS St James 710	23c. DATE SIGNED 4/2/51
---	---------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-29-51	24c. NAME OF CEMETERY OR CREMATORY Asher Cemetery	24d. LOCATION (City, town, or county) (State) Phelps Co. Mo.
--	-------------------	---	--

DATE REC'D BY LOCAL REG. May 11, 1951	REGISTRAR'S SIGNATURE Nadine L. Stoll 380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Jesse Gahr, St James, Mo
---------------------------------------	---	--

RECEIVED  
Pheips County Health Office,  
County File Number  
Date Filed May 16, 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*C. Jesse Gahr*

Licensed Embalmer No. 4486

P. O. Address Pt. James, 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.