

FILED JUL 3 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21756

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY **Saline**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Marshall, Mo.**
c. LENGTH OF STAY (In this place) **20 Yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **565 West Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE **Missouri** b. COUNTY **Saline**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Marshall**
d. STREET ADDRESS (If rural, give location) **565 West Jackson**

3. NAME OF DECEASED
a. (First) **Henrietta** b. (Middle) **Elizabeth** c. (Last) **Wyrick**
4. DATE OF DEATH (Month) (Day) (Year) **June 24 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 25-1912** 9. AGE (In years last birthday) Months Days Hours Min. **39 0 29**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Stamper Produce Co.** 10b. KIND OF BUSINESS OR INDUSTRY **Canned Chicken** 11. BIRTHPLACE (State or foreign country) **Alma, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James D. Northen** 13b. MOTHER'S MAIDEN NAME **Marie E. Sanders** 14. NAME OF HUSBAND OR WIFE **Edward A. Wyrick**

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. **497-14-6061** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Edward Wyrick-Marshall, 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.**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) **Carcinoma of Breast** (b) _____ (c) _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
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 **170X** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **24**, 19**51** to **June 24 1951**, that I last saw the deceased alive on **June 24 1951**, and that death occurred at **11 P.** m. from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____ 23b. ADDRESS **Marshall, Mo.** 23c. DATE SIGNED **6/26/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 27-51** 24c. NAME OF CEMETERY OR CREMATORY **Ridge Park Cem-** 24d. LOCATION (City, town, or county) (State) **Marshall, Missouri**

DATE REC'D BY LOCAL REG. **June 26 1951** REGISTRAR'S SIGNATURE **385 Sidney J. Gray** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **A. Leslie Swanson Marshall, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-2-51

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 *J. Leola Sussney*

Licensed Embalmer No. 3235

P. O. Address *Marshall, 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.