

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23644

State File No.

182

4296

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

0580

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

3. NAME OF DECEASED (Type or Print)	a. (First) Mattie	b. (Middle) Hazel	c. (Last) Wykoff	4. DATE OF DEATH (Month) 7 (Day) 20 (Year) 51
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5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30, 1895	9. AGE (In years) 55 (In months) _____ (In days) _____	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME Willard F. Hall	13b. MOTHER'S MAIDEN NAME Laura B. Hall	14. NAME OF HUSBAND OR WIFE Louis Oren Wykoff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Louis Oren Wykoff ADDRESS Browning, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 20, 1951, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. F. Suttler M.D.	23b. ADDRESS Jinners - Mo.	23c. DATE SIGNED July 21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-22-51	24c. NAME OF CEMETERY OR CREMATORY Purdin	24d. LOCATION (City, town, or county) (State) Purdin Missouri
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DATE REC'D BY LOCAL REG. July 28, 1951	REGISTRAR'S SIGNATURE Elna Crookshank	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home ADDRESS Browning Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 23 1951

to Received: AUG 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 8541870
Date Filed: AUG 3 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 Herold I Wade

Licensed Embalmer No. 4172

P. O. Address Browning Ind

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.