

**STANDARD CERTIFICATE OF DEATH**

38273

State File No. ....

**FILED DEC 12 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4371 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Rural-Lincoln Twsp.</u>		c. CITY OR TOWN <u>Rural-- Lincoln Twsp.</u> <u>0740</u>	
c. LENGTH OF STAY (in this place) <u>10 Year</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mi. N.W. Elmo, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. N.W. Elmo, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mi. N.W. Elmo, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u> b. (Middle) <u>MARION</u> c. (Last) <u>WYMORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 18, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Near Hepburn, Iowa.</u> <u>/</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Elza Wymore</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Peterson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Eva Wymore</u> ADDRESS <u>Elmo, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Mar 1950</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arrhythmia/Fibrillation</u>		<u>Aug 1951</u>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Pulmonary T.B.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Dec 23, 1943, to Nov 28, 1951, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold V. Holt</u> (Degree of title) <u>RD</u>	23b. ADDRESS <u>Elmo, Missouri.</u>	23c. DATE SIGNED <u>11/30/1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 28, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Clarinda, Page Co. Ia.</u>
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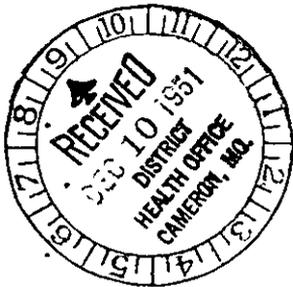
DATE REC'D BY LOCAL REG. <u>12-8-51</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u> <u>224</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Loren Dawson</u> ADDRESS <u>Clarinda, Ia.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

740  
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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, or by.....

Student Embalmer No. ....

working under my personal supervision.

The body was taken to Clarinda and  
the embalming was done there.

Student .....  
Student Embalmer

Signed

*Loren Davison*

Iowa Licensed Embalmer No. 31148

P. O. Address Clarinda, Iowa.

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.