

FILED DEC 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38455
State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY PUTNAM
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE
c. LENGTH OF STAY (in this place) LIFE TIME
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY PUTNAM
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LINCOLN TOWNSHIP
d. STREET ADDRESS (If rural, give location) UNIONVILLE

3. NAME OF DECEASED (Type or Print)
a. (First) LORA b. (Middle) LEE c. (Last) WYCKOFF
4. DATE OF DEATH, (Month) (Day) (Year) DEC. 5 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MAY 12 1884
9. AGE (In years last birthday) 67 6 23 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NORMAN WYCKOFF 13b. MOTHER'S MAIDEN NAME ANGELIA ALBEE 14. NAME OF HUSBAND OR WIFE IVY MYRTLE WYCKOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME MRS. FRANK STEWART ADDRESS UNIONVILLE, 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris
INTERVAL BETWEEN ONSET AND DEATH 2 days
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 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) Unionville, Mo.

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 12/5/51, 1951, to 12/5/51, 1951, that I last saw the deceased alive on 12/5/51, 1951, and that death occurred at 1:50P m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Habman (Degree or title) M.D. 23b. ADDRESS Unionville, Mo. 23c. DATE SIGNED 12/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE DEC. 8 1951 24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY 24d. LOCATION (City, town, or county) (State) UNIONVILLE MISSOURI

DATE REC'D BY LOCAL REG. 12-8-51 REGISTRAR'S SIGNATURE Marvella Turbin 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Comstock ADDRESS UNIONVILLE, MO.

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

860
1

Date Received: DEC 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-22
Date Filed: DEC 11 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.....

.....
working under my personal supervision.

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

Signed.....
Student Embalmer

Signed

James W Constock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.