

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40790**

FILED DEC 22 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1272

1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>40 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	d. STREET ADDRESS (If rural, give location) <u>4015 King Hill Ave</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>619 Bon Ton</u>		d. STREET ADDRESS (If rural, give location) <u>4015 King Hill Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>WYCOFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 23, 1872</u>
9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>9</u>	11. DAYS <u>10</u>	12. HOURS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift & Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Caldonia Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Wycoff</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Laird</u>	14. NAME OF HUSBAND OR WIFE <u>Lucile Wycoff</u>
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>487-05-1704</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucile Wycoff 4015 King Hill Ave.</u>

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>arterio sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 12-3, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Tarloek M.D. M.D. M.D.</u>	(Degree or title)	23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>12-4-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bedford Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bedford Iowa.</u>

DATE REC'D BY LOCAL REG. <u>Dec 17, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paula Clark</u>	ADDRESS <u>120 Illinois</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Earl A. Clark

Signed.....

Student Embalmer

Licensed Embalmer No. *4231*

P. O. Address *St. Joseph 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.