.300
.48

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

610 3

FILED OCT 29 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36505

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hudson.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unionville 0860
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): MAY
c. (Last): WYCKOFF

4. DATE OF DEATH (Month) (Day) (Year): 10 15 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-6-1897

9. AGE (In years last birthday): 56
If under 1 year: Months 2 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Carroll Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Patton

13b. MOTHER'S MAIDEN NAME: Clemmie Perry

14. NAME OF HUSBAND OR WIFE: H.H. Wyckoff Unionville Mo.

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.:

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: H.H. Wyckoff - Union ville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) Contusions of Face
DUE TO (c) Auto Accident

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): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 36

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 06 (STATE): Macon County Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 15 1953 1:55 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1:55 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Hutton Coroner

23b. ADDRESS: Macon Missouri

23c. DATE SIGNED: Oct. 15 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/19/1953

24c. NAME OF CEMETERY OR CREMATORY: Unionville

24d. LOCATION (City, town, or county) (State): Unionville Mo

DATE REC'D BY LOCAL REG.: 10/26/53

REGISTRAR'S SIGNATURE: Ruth McNeely

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: R. Lester Bram Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1984

RECEIVED 10-27-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 10-53-103
Date Filed 10-27-53

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 R Lester Bram

Licensed Embalmer No. 4472

P. O. Address Macon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.