

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11108

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. LENGTH OF STAY (in this place) <b>5 hrs</b>	c. CITY OR TOWN <b>Mexico</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Audrain County Hospital.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>1039 Carrico</b>		(If rural, give location) <b>0943</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Omega</b> b. (Middle) _____ c. (Last) <b>Wayne</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 25, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>April 21, 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Wm. B. Wright</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Whaley</b>	14. NAME OF HUSBAND OR WIFE <b>J. W. Wayne</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dan Wayne, Mexico, Mo.</b>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		years _____
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>- Arteriosclerotic Heart Disease</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 <b>4200</b>	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) _____	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 **March 1954**, to **April 25, 1954**, that I last saw the deceased alive on **April 25, 1954**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James D. Leland M.D.</b>	(Degree or title) _____	23b. ADDRESS <b>Mexico Mo.</b>	23c. DATE SIGNED <b>4-26-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-29-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Beaver Dam Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Audrain Co., Missouri</b>
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DATE REC'D BY LOCAL REG. <b>April 29-54</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely 9-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ARNOLD FUNERAL HOME - Mexico Mo</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..

Student.....  
Signature of Student Embalmer

Signed *Richard J. M. Donahue*.....

Licensed Embalmer No. *48*.....

P. O. Address *Michigan*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.