

FILED SEP 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26552

No. 300
10-48

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

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		c. CITY OR TOWN <u>El Dorado Spgs.</u> d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>121 Gay Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Hospital</u>		f. (Middle)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>O.</u> c. (Last) <u>Wyman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1954</u>	
5. SEX <u>Male</u> b. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8-27-1877</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lee Co, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Wyman</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Hubler</u>	
14. NAME OF HUSBAND OR WIFE <u>Josephine Wyman</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>name</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Wyman - El Dorado Spgs</u> ADDRESS <u>5810</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypostatic pneumonia</u> DUE TO (c) <u>Cirrhosis of liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. debility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>5 yrs</u> <u>indefinite</u>	
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 <u>8-9, 1954</u> to <u>8-29, 1954</u> , that I last saw the deceased alive on <u>8-29, 1954</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>C. A. Sunderwirth</u>		23b. ADDRESS <u>192 El Dorado Spgs.</u>	
23c. DATE SIGNED <u>8-30-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>8-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRISWOLD Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Grisswold Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George W. Napier</u> ADDRESS <u>El Dorado Spgs</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 30, 1954</u>		REGISTRAR'S SIGNATURE <u>George W. Napier</u>	

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SEP 22 1964

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..... *Max W. Beckering*

Licensed Embalmer No... *467*

P. O. Address *El Dorado*

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.