

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36311

State File No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviness	
b. CITY OR TOWN Cameron	c. LENGTH OF STAY (in this place) 8 Days	c. CITY OR TOWN Grand Rural River Twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hospital		STREET ADDRESS (If rural, give location) 8 Miles N.E. Gallatin, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) Samuel c. (Last) Wynne	4. DATE OF DEATH (Month) (Day) (Year) November 19 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 13 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 76 Days 0 Hours 0 Min 0	IF UNDER 24 HRS. Hours 0 Min 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and State or Foreign Country) Daviness Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Wynne	13b. MOTHER'S MAIDEN NAME Amanda Bowen	14. NAME OF HUSBAND OR WIFE Ethel E. Wynne
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ethel E. Wynne, Gallatin, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Liver		INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) original site not determined		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1562			

19a. DATE OF OPERATION 11-18-55	19b. MAJOR FINDINGS OF OPERATION metastatic carcinoma Liver, with carcinomas	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-12, 1955, to 11-19, 1955, that I last saw the deceased alive on 11-18, 1955, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. Wetherston (Degree or title) MD	23b. ADDRESS Cameron Mo	23c. DATE SIGNED 11-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-22-55	24c. NAME OF CEMETERY OR CREMATORY Grand River Cemetery, Daviness, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 11-28-55	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE Hope Mineral Home, Gallatin, Mo.	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

VS APR 6 1998

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 *L. O. Richerson*

Licensed Embalmer No. *330*

P. O. Address *Fallalun*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.