

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31128**

FILED SEP 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. CITY OR TOWN <b>Joplin</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>23 Years</b>		f. STREET ADDRESS (If rural, give location) <b>710 Sergeant</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>710 Sergeant</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b>			b. (Middle) <b>Bright</b>			c. (Last) <b>Waynick</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 26 56</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>7-10-1893</b>			9. AGE (In years last birthday) <b>63</b>		if UNDER 1 YEAR Months Days	if UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Bookkeeper</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Troy, Tennessee</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>David Thomas Waynick</b>			13b. MOTHER'S MAIDEN NAME <b>Ellen E. Bright</b>			14. NAME OF HUSBAND OR WIFE <b>Wife - Sarah Bess</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1</b>			16. SOCIAL SECURITY NO. <b>500-12-1165</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Katherine Tatman 710 Sergeant</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>	
		Chronic myocarditis over two years.							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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>4222</b>						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) (Min.)		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 8-26, 1956, to 8-26, 1956, that I last saw the deceased alive on dead on arrival, and that death occurred at 11:30pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Katherine Tatman</i>		(Degree or title) _____		23b. ADDRESS <b>410 Jackson Ave., Joplin, Mo.</b>		23c. DATE SIGNED <b>9-8-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-26-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Siloam Springs, Arkansas</b>	
DATE REC'D BY LOCAL REG <b>9-17-1956</b>		REGISTRAR'S SIGNATURE <i>Dovee Merriam</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS " " <b>Siloam Springs, Arkansas</b>			

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

County File Number 56-1  
Dakota Filed SEP 2 1956

10: 10 1956

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.....  
*E. P. G. Little*

Licensed Embalmer No. 321

P. O. Address Siloam Ark

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.