

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3691

State File No.

FILED MAR 6 1957

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5111</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY OR TOWN <u>Rural - Liberty</u>		c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		c. CITY OR TOWN <u>P-3 Lutesville</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P-3 Lutesville, Mo</u>				STREET ADDRESS (If rural, give location) <u>Route 3, Lutesville, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ORA</u>		b. (Middle) <u>LEON</u>		c. (Last) <u>Wyckoff</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>23</u>		(Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unionville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Norman Wyckoff</u>		13b. MOTHER'S MAIDEN NAME <u>Angelina Albee</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Wyckoff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, enter unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Wyckoff, P-3, Lutesville, Mo.</u>		ADDRESS	
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colorectal adenomatosis, Primary Nostale 4 yrs?</u> ANTECEDENT CAUSES Morbidity 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 <u>May 57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma prostate & metastases</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>177x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u> m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 20</u> , 19 <u>56</u> , to <u>Feb 23</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Jan 23</u> , 19 <u>57</u> , and that death occurred at <u>11:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Bruce M.D.</u> (Degree or title)				23b. ADDRESS <u>Marble Hill, Mo</u>		23c. DATE SIGNED <u>2/27/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-26-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-1-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm H. Mayes, Adams, Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.