

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31189

STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 4108 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar 2200			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stockton /		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stockton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION high st.		Length of stay in 1b		d. STREET ADDRESS high St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last OLIN SAMSEL WYNES				4. DATE OF DEATH Sept. 8, 1957 Month Day Year			
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 17, 1911	
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months 3 Days 21		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Stockton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME John T. Wynes				14. MOTHER'S MAIDEN NAME Myrtle Ann Samsel			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Ruby H. Wynes, Stockton, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 1 hr. yrs.	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9.8.57 to 9.8.57 and last saw him alive on 9.8.57 Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wm. B. Rittler M.D.				22b. ADDRESS Stockton Mo		22c. DATE SIGNED 9.9.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-10-1957		23c. NAME OF CEMETERY OR CREMATORY Stockton City Cem.		23d. LOCATION (City, town, or county) (State) Stockton, Mo.	
24. FUNERAL DIRECTOR ADDRESS Canton Funeral Home, Stockton, Mo.				25. DATE RECD. BY LOCAL REG. 9-20-57		26. REGISTRAR'S SIGNATURE Geneva Garrison	

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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 *John A. Cantlon*

Licensed Embalmer No. *43*

P. O. Address *Stockton*

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