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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037167
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 28-58

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Tuscumbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hurphreys Hosp. — Length of stay in 1b: 15 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Miller
c. CITY OR TOWN: Iberia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS: 066 0 (If outside, give location) — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Perry Middle: Toliver Last: Wyrick
4. DATE OF DEATH: Month October Day 12 Year 1958
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]
8. DATE OF BIRTH: Oct. 13, 1880
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker, Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ulman, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: John Wyrick
13b. MOTHER'S MAIDEN NAME: Rachel E. Kinder
14. NAME OF HUSBAND OR WIFE: Carrie Wyrick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-10-3560
17. INFORMANT: Carrie Wyrick Address: Iberia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Pyelonephritis — 1 yr
DUE TO (c): 6000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 9-5-58 to 10-12-58 and last saw ~~her~~ him alive on 10-12-58
Death occurred at 6:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. E. Humphreys (Degree or Title) D.O. — 22b. ADDRESS: TUSCUMBIA, MO — 22c. DATE SIGNED: 10-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-15-1958
23c. NAME OF CEMETERY OR CREMATORY: Iberia Cemetery
23d. LOCATION (City, town, or county) (State): Iberia, Missouri

24. FUNERAL DIRECTOR: Walter P. Hedges — ADDRESS: Hedges Funeral Homes Inc Iberia Mo.
25. DATE RECD. BY LOCAL REG. 10-17-1958
26. REGISTRAR'S SIGNATURE: Mrs. H. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED

OCT 21 '58

Miller County
Health Department

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 Walter P. Hedge

Licensed Embalmer No. 4265

P. O. Address Iberia

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.