

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020411

FILED VS MAY 27 1960

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. \_\_\_\_\_ Registrar's No. 36

ENDED

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>R#1 Parkville</u>		Length of stay in 1b <u>3 wks</u>		c. CITY OR TOWN <u>Plattsburg</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>601 Locust</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>H.</u> Middle <u>A.</u> Last <u>Wylie</u>				4. DATE OF DEATH Month <u>5</u> Day <u>14</u> Year <u>1960</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-31-1926</u>		9. AGE (last birthday) <u>94</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Clinton Co. Mo</u>		11. BIRTHPLACE (City and state or country) <u>Clinton Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>John Lewis Wylie</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah E. Saunders</u>				14. NAME OF HUSBAND OR WIFE <u>Mary T. Wylie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mrs Belle Piddle, R#1, Parkville Mo</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>										<u>48 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u>										<u>10 yrs.</u>	
DUE TO (c) <u>Generalized Arteriosclerosis</u>										<u>15 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic gangrene lower ext.</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.		Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>July 1953</u> to <u>May 1960</u> and last saw him alive on <u>May 7, 1960</u> Death occurred at <u>5-14-1960</u> <u>8:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>John T. Mabey M.D.</u> (Degree or title)				22b. ADDRESS <u>Plattsburg, Mo.</u>				22c. DATE SIGNED <u>5-14-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>May 16-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Stewartsville, Mo</u>		23d. LOCATION (City, town, county) <u>Stewartsville Mo</u>					
24. FUNERAL DIRECTOR <u>W. S. Sumner Field, Stewartsville</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>May 14, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Alphie Rollins</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *B. E. Summerfield*

Licensed Embalmer No. 3007

P. O. Address Stewart

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