URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047104

STATE FILE NUMBER

FILED VS JAN 5 1961

ENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Pulaski	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville — Length of stay in 1b 1 Week	c. CITY OR TOWN Waynesville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☐ X

3. NAME OF DECEASED (Type or print)	First Wanda	Middle Sue	Last Tryan	4. DATE OF DEATH	Month Dec Day 14 Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐	8. DATE OF BIRTH 1/12/47	9. AGE (last birthday) 13	IF UNDER 1 YEAR Months Days; IF UNDER 24 HR 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) Waynesville, Mo	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Johnny Tryan	13b. MOTHER'S MAIDEN NAME Virginia Wilson	14. NAME OF HUSBAND OR WIFE None			
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. None	17. INFORMANT Virginia Tryan	Address Waynesville 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) Brain Abcess — INTERVAL BETWEEN ONSET AND DEATH 4 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) non specific bacterial infection

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1956, to 12-14-60 and last saw her alive on 12-14-60

Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] DO	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 12/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/16/1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Waynesville, Missouri
24. FUNERAL DIRECTOR ADDRESS [signature] Moss-Williams Funeral Home Waynesville, Mo	25. DATE RECD. BY LOCAL REG. 12-16-60	26. REGISTRAR'S SIGNATURE [signature]	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Thoa

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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