

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014078

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1593 STATE FILE NUMBER

AMENDED FILED APR 17 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MO.		Length of stay in 1b 1 DAY	c. CITY OR TOWN BELTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCT ORS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 417 C Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ELMER O'DELL WYRICK			4. DATE OF DEATH Month Day Year # 3 28 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/20/1893	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JOURNEYMAN HOUSTING ENG.		10b. KIND OF BUSINESS OR INDUSTRY SHAW CONSTRUCTION	11. BIRTHPLACE (City and state or country) PLEASANT HILL, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME EDWARD WYRICK		13b. MOTHER'S MAIDEN NAME LILLIAN LACEY		14. NAME OF HUSBAND OR WIFE MINNIE WYRICK	
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.	17. INFORMANT Address MRS. MINNIE WYRICK, 417 C ST. BELTON, 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) CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ATHEROSCLEROSIS DUE TO (c) ARTERIO-SCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 3 hrs - 5 yrs - c 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. <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 Month, Day, Year 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 June 16⁶⁰ to Mar 29-61 and last saw him alive on MAR 28, 1961
Death occurred at 1 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John E. Cavanaugh D.O.		22b. ADDRESS 309 Main St. Belton, Mo		22c. DATE SIGNED 3-29-61
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/30/1961	23c. NAME OF CEMETERY OR CREMATORY BELTON CEMETERY	23d. LOCATION (City, town, or county) BELTON, MO.	
24. FUNERAL DIRECTOR ADDRESS E.K. GEORGE & SONS, BELTON, MO.		25. DATE RECD. BY LOCAL REG. 3-29-61	26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Cavanaugh
SHOULD READ

FEB 15 1962

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Mo

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.