

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014530

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 35

STATE FILE NUMBER

FILED MAY 8 1961

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u> | | Length of stay in 1b | c. CITY OR TOWN <u>California</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 <u>OWN Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>IN CITY -</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) <u>HENRY FRANKLIN WYSS</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1961</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>12-28-1884</u> | 9. AGE (last birthday) <u>76</u> | 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) <u>Retired Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Mfg Co.</u> | 11. BIRTHPLACE (City and state or country) <u>Jamestown, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|---|---|--|

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>Charles Wyss</u> | 13b. MOTHER'S MAIDEN NAME <u>Minnie Less</u> | 14. NAME OF HUSBAND OR WIFE <u>Matilda Kubli</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> | 17. INFORMANT Address <u>Mrs. Matilda WYSS, California, Mo.</u> |
|---|---|

| | |
|--|--------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

| | | |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 1955 to April 15, 1961 and last saw ^{THEY}him alive on April 13, 1961
Death occurred at 9:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|---------------------------------------|------------------------------------|
| 22a. SIGNATURE <u>Lionel M. Gallahan MD</u> (Degree or title) | 22b. ADDRESS <u>California Mo.</u> | 22c. DATE SIGNED <u>4/17/61</u> |
|---|---------------------------------------|------------------------------------|

| | | | |
|--|-------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-17-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Jamestown, Missouri</u> (State) |
|--|-------------------------------|---|--|

| | | |
|---|--|---|
| 24. FUNERAL DIRECTOR <u>Hugh E. Williams, California, Mo.</u> ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>4/18/61</u> | 26. REGISTRAR'S SIGNATURE <u>Delia Popejoy</u> |
|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

VS MAY 9 1961

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, 11

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.