

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007082

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 167

AMENDED

**FILED MAR 8 1962**

1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>MILLER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MT. VERNON</b>	Length of stay in 7b <b>38 days</b>	c. CITY OR TOWN <b>IBERIA</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. STATE SANATORIUM</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>CHESLEY</b> Middle <b>S.</b> Last <b>WYRICK</b>	4. DATE OF DEATH Month <b>MARCH</b> Day <b>3rd</b> Year <b>1962</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 26, 1924</b>	9. AGE (last birthday) <b>37 YRS</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ROAD MAINTENANCE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MILLER COUNTY, MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>JOHN WYRICK</b>	13b. MOTHER'S MAIDEN NAME <b>BETTY KINDER</b>	14. NAME OF HUSBAND OR WIFE <b>LIZZIE WYRICK</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**NO**

INFORMANT **MO. STATE SAN MT. VERNON** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b>	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>	
DUE TO (c) <b>NEPHROSCLEROSIS</b>	

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 <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.)
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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
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21. I attended the deceased from **JAN 24, 1962** to **MARCH 3, 1962** and last saw him alive on **MARCH 3, 1962**  
Death occurred at **MO. STATE SAN** **6:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Stevenson Ferguson M.D.</i>	22b. ADDRESS <b>Mo. S. S. Mt. Vernon, Mo</b>	22c. DATE SIGNED <b>3-3-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/6/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Iberia Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Iberia MO.</b>
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24. FUNERAL DIRECTOR <b>Scrivner-Stevinson Iberia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-6-62</b>	26. REGISTRAR'S SIGNATURE <i>Roy Wynne</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 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 Jay A. Stevenson, Student Embalmer No. 654

working under my personal supervision.

Student Jay A. Stevenson  
Signature of Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address: Stover 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.