

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026170

STATE FILE NUMBER

042

1000

849

Registration District No. Primary Registration District No. Registrar's No.

FILED JUL 30 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5/17

2 5/17

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

J. I. Rogers, M.D.

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Length of stay in 1b 20 yrs. | c. CITY OR TOWN St. Joseph |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (home) 613 So. 11th. St. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 613 So. 11th. St. |
| 3. NAME OF DECEASED (Type or print) First Dale Middle R. Last Wynn | | | 4. DATE OF DEATH Month July Day 17 Year 1962 |
| 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 9/24/1908 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Propman | | 10b. KIND OF BUSINESS OR INDUSTRY K.F.E.Q Television | 9. AGE (last birthday) 53 |
| 11a. BIRTHPLACE (City and state or country) Skidmore, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Lee Wynn | | 13b. MOTHER'S MAIDEN NAME Della Anderson | 14. NAME OF HUSBAND OR WIFE Mary E. |
| 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 Mary E. Wynn |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS DUE TO (b) LYMPHOSARCOMA. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 4 YRS. 4 1/2 YRS. |
| 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 _____ 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 4/29/1958 to 7/17/1962 and last saw ^{her} him alive on 7/14/1962 Death occurred at 12:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) John T. Rogers M.D. | | 22b. ADDRESS 602 Jules St. Joseph, Mo | 22c. DATE SIGNED 7/20/1962 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 20, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Heaton-Bowman St. Joseph, Mo. | | 25. DATE RECD. BY LOCAL REG. July 24, 1962 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell |

USE BLACK INK OR TYPEWRITER RIBBON

AUG 16 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 William Spalberg

Licensed Embalmer No. 4535

P. O. Address St Joseph 220

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.