

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3691

State File No.

FILED MAR 6 1957

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5111 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give rural route or P.O. box) OR TOWN <u>Rural - Liberty</u>		c. CITY OR TOWN <u>P-3 Lutesville</u>	
c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P-3 Lutesville, Mo</u> STREET ADDRESS (If rural, give location) <u>Route 3, Lutesville, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>LEON</u> c. (Last) <u>Wyckoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 12, 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during major working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unionville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Norman Wyckoff</u>		13b. MOTHER'S MAIDEN NAME <u>Angelina Albee</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Wyckoff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Wyckoff, P-3, Lutesville, Mo.</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colorectal carcinoma, Primary, metastatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs?</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>May 57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma prostate & metastases</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>177x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Sept 20, 1956, to Feb 23, 1957, that I last saw the deceased alive on Jan 23, 1957, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Bruce M.D.</u> (Degree or title)		23b. ADDRESS <u>Marble Hill, Mo</u>		23c. DATE SIGNED <u>2/27/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-26-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>3-1-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm H. Moya, Adams, Mo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-20

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.....

Licensed Embalmer No. 4640

P. O. Address Albany, N.Y.

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.