

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED JAN 5 1951

State File No. 11532

Registrar's No. 61

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Mc Girk Rural Walker</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Mc Girk, Rural Walker</i>	
c. LENGTH OF STAY (in this place) <i>Home</i>		d. STREET ADDRESS (If rural, give location) <i>Mc Girk Rural Walker</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <i>MARY</i> b. (Middle) <i>ELIZABETH</i> c. (Last) <i>BEIGER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 14-50</i>
5. SEX <i>Female</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>APR 9-1869</i>
9. AGE (In years last birthday) <i>81</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Lamontown Mo</i>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>Fred Louis Wynn</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Pentack</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Wesley Eugene Johnson</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>epoplexy</i> INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> ANTECEDENT CAUSES Morbid 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. <i>2 34x</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>Walker Twp Moniteau Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <i>Dec 7</i> 19 <i>50</i> to <i>Dec 14</i> 19 <i>50</i> , that I last saw the deceased alive on <i>Dec 14</i> 19 <i>50</i> , and that death occurred at <i>3:15 p.m.</i> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>D. H. Bacon D.O.</i>		23b. ADDRESS <i>California</i>	
23c. DATE SIGNED <i>12/16/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>12-15-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Salem Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Mc Girk Mo</i>	
DATE REC'D BY LOCAL REG. <i>Dec 16-50</i>		REGISTRAR'S SIGNATURE <i>H. R. Poppey</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Jones</i>		ADDRESS <i>Russellville Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

680
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RECEIVED 1/4/51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1/4/51

APR 20 1951

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.

Signed *[Handwritten Signature]*

Signed _____
Student Embalmer

Licensed Embalmer No. 2307

P. O. Address *Russells Md*

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 this body is not embalmed, fact should be so stated above.