

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42130

FILED DEC 22 1949

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>296</u>		PRIMARY REG. DIST. NO. <u>6018</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>RAY</u>			
b. CITY OR TOWN <u>RURAL, Fishing River</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY OR TOWN <u>RURAL Fishing River</u>		89	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vibbard-Rayville Rd</u>				d. STREET ADDRESS (If rural, give location) <u>Vibbard-Rayville Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> (Middle) <u>J.</u> (Last) <u>WYMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1949</u>				
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 13, 1868</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>RAY COUNTY, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Marvin Wyman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fuller</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Jane Wyman</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>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee O. Wyman, Rayville MO</u> ADDRESS <u>RR 2</u>			
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) <u>Left Hemiplegia</u> ANTECEDENT CAUSES DUE TO (b) <u>Essential chronic Hypertension</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS <u>—</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>10 yrs</u> <u>444X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>Rayville Ray Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Nov 30, 1949</u> , to <u>Dec 2, 1949</u> , that I last saw the deceased alive on <u>Dec 1, 1949</u> , and that death occurred at <u>1 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Detrus Buehler, M.D.</u>				23b. ADDRESS <u>Lawson Mo</u>		23c. DATE SIGNED <u>Dec 3, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 4/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pisgah</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-6-49</u>		REGISTRAR'S SIGNATURE <u>Helew Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home, Hope, Mo</u>			

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

Rec 12-14-

RECEIVED DEC 14

District Health Officer No. 8,

District File Number

Date Filed 12-21-49

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 Chas. Virgil Hope

Signed Student Embalmer

Licensed Embalmer No. 3956

P. O. Address

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.