No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

165

State File No.

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 6 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNIE LEE WYATT
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Wyatt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 - 14 - 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	25	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Benjamin Ewing
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Clyde Angell
(b) Address Quincy, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Mo.
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 1-9-48 (Date received local registrar) (b) Mrs R.E. Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1948 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 2, 1947 to Jan 9, 1948
that I last saw her alive on Jan 4, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Died suddenly apparently Coronary occlusion	
Due to Arteria sclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no op 94A
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature A W Kaufschmidt (M. D. or other) 0
Address Columbia, Mo Date signed 1-9-45

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/15/68

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..... Registered Apprentice No..... working under my personal supervision.

Signed Thos L Baring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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