S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5501

State File No.

FILED MAR 4 1948

Registration District No. 1 — Primary Registration District No. 3043 — Registrar's No. 75

64
3
4

1. PLACE OF DEATH:
(a) County: MARION
(b) City or town: HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LEYRING HOSPITAL
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 7 HOURS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE 69
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. #1 PARIS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CECIL HOWARD WYATT
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife: SYLVIA CAIN WYATT
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JULY (Month) 2, (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	7	18	hr. min.

9. Birthplace: OTTUMWA, (City, town, or county) IOWA (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
MOTHER FATHER
12. Name: WILLIOUGHBY WYATT
13. Birthplace: OTTUMWA, IOWA (City, town, or country) (State or foreign country)
14. Maiden name: EVA BOYCE
15. Birthplace: OTTUMWA, IOWA (City, town, or county) (State or foreign country)
16. (a) Informant: BASIL WYATT
(b) Address: PARIS, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: FEB. 22, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: WALNUT GROVE, PARIS
18. (a) Signature of funeral director: Speed Blakey
(b) Address: PARIS, MO.
19. (a) 2-28-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 20 year 1948 hour 2 minute 55 P. M.
21. I hereby certify that I attended the deceased from FEB 20, 1948 to FEB 20, 1948 and that I last saw alive on FEB 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Gunshot wound of head
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy:

Duration

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): Gunshot (Suicide)
(b) Date of occurrence: Wound of head 2/20/48
(c) Where did injury occur? Paris (City or town) Monroe (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed 2/25/48

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

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.....

Licensed Embalmer No.....

P. O. Address: PARIS, Mo.

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.