No. 300
10.48

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

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9653

State File No.

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. 23

0651

1. PLACE OF DEATH
a. COUNTY: MERCER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL WASHINGTON TOWNSHIP
c. LENGTH OF STAY (in this place): 68yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MERCER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL WASHINGTON TOWNSHIP
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): FELIX
b. (Middle): LAWRENCE
c. (Last): WYATT

4. DATE OF DEATH (Month) (Day) (Year): MAR 30 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JAN-4-1882
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GRUNDY CO. MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: WILLIAM B. WYATT
13b. MOTHER'S MAIDEN NAME: ELIZABETH McKINNON
14. NAME OF HUSBAND OR WIFE: ALTA WYATT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: ALTA WYATT — ADDRESS: SPICKARD MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

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.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* Mar 31, 1950, *that I last saw the deceased alive on* Mar 23, 1950, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E W Ewing (Degree or title) MD
23b. ADDRESS: Spickard Mo
23c. DATE SIGNED: 4-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL-3-1950
24c. NAME OF CEMETERY OR CREMATORY: COON CEM.
24d. LOCATION (City, town, or county) (State): MERCER CO. MO.

DATE REC'D BY LOCAL REG.: 4-5-50
REGISTRAR'S SIGNATURE: M. J. Roach, Reg. 398
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Schooler Funeral Home Spickard Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1950

RECEIVED
APR 10 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Ross Mise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.