

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34313**

FILED NOV 10 1950

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5911** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pascola		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pascola	
c. LENGTH OF STAY (in this place) 15 Yrs.		d. STREET ADDRESS (If rural, give location) Rural Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1			

3. NAME OF DECEASED (Type or Print)	a. (First) EMILY	b. (Middle) JANE	c. (Last) WYATT	4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 28, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Murray, Kentucky /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jake Miller	13b. MOTHER'S MAIDEN NAME Elizabeth Phillips	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Wright	ADDRESS Pascola, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Neural disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10-2-**, 19**50**, to **10-24**, 19**50**, that I last saw the deceased alive on **10-23**, 19**50**, and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Shirley Olive Wyatt, Mo.	23c. DATE SIGNED 10-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-26-50	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Hayti, Mo.
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DATE REC'D BY LOCAL REG. 11-7-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn	ADDRESS Funeral Home Wardell, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

11-50-284

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

NOV 8 1920

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 *James A. Johnson*
Licensed Embalmer No. 4185
P. O. Address Wardell, Mo.

Signed.....
Student Embalmer

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.