

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43051

State File No. _____

FILED JAN 13 1951

318

PRIMARY REG. DIST. NO. 100 Registrar's No. 11103

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 100		Registrar's No. 11103	
1. PLACE OF DEATH a. COUNTY <u>3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2109</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) <u>20. Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4311, A. ST. Louis Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Route Homer GPhillips Hosp.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Slaten</u> c. (Last) <u>Wyatt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 22, 1950</u>				
5. SEX <u>Male 2</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 17th, 1894</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u>5</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Service</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>		11. BIRTHPLACE (State or foreign country) <u>Clarksville / Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wesley Wyatt</u>			13b. MOTHER'S MAIDEN NAME <u>Aggie Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Murtle Wyatt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes # I World War # I</u>		16. SOCIAL SECURITY NO. <u>487-22-8821</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Wyatt 4311 St. Louis Ave</u>			ADDRESS _____
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Pulmonary Edema</u> DUE TO (c) <u>contrib. Congestive Cardiac Failure</u>			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
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? <u>H&H. I</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:25 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Daniel Clayton Cameron</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>12-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>12-27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksville</u>		24d. LOCATION (City, town, or county) (State) <u>Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Laska</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pricer Funeral Home 2829, Washington Blvd</u>			

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

150 27 150

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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.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *4441*

P. O. Address *2829 Washington*

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.