

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3610

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. I

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wagoner</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>	
c. LENGTH OF STAY (If in this place) <u>22-6-27</u>		d. STREET ADDRESS (If rural, give location) <u>813. W. 3rd St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			
3. NAME OF DECEASED a. (First) <u>Albert</u>		b. (Middle) _____	
c. (Last) <u>Wyatt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 - 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 12 - 1902</u>
9. AGE (In years last birthday) <u>48</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	11. UNDER 14 HRS. Hours <u>6</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life if retired) <u>Office worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Geo W. Wyatt</u>		13b. MOTHER'S MAIDEN NAME <u>Lucile Sanford</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hosp. Recs - Nevada</u>			
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) <u>post-hepatic bacterial</u> 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. <u>0833</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Aug 1, 1950</u> , to <u>Jan 18, 1951</u> , that I last saw the deceased alive on <u>Jan 17, 1951</u> , and that death occurred at <u>6:52 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. J. Shinn, M.D.</u>		23b. ADDRESS <u>State Hosp # 3</u>	
23c. DATE SIGNED <u>Jan 18 - 51</u>		23d. ADDRESS <u>Nevada Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-18-'51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>Johnston-Lance-Jimison</u>		ADDRESS <u>Webb City, Mo</u>	

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

680
2

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 22 1951

Dist. File 157-180

Date Filed 1-22-51

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.

Student
Student Embalmer

Signed

Jack E Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.