

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 14 1951

State File No. **16342**

BIRTH NO. _____		REG. DIST. NO. <u>140</u>	PRIMARY REG. DIST. NO. <u>3024</u>	Registrar's No. <u>55</u>
1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mount Pleasant</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8450</u>		
3. NAME OF DECEASED (Type or Print), a. (First) <u>MAUDE</u> b. (Middle) <u>Levesta</u> c. (Last) <u>WYATT.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1951.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 23-1882</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Jasper Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Harvey Wyatt</u>		14. NAME OF HUSBAND OR WIFE <u>Harvey Wyatt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>H. H. Wyatt</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>Acute Cardiac Dilatation</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> <u>2 yrs.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Indiary Anemia</u> <u>2 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		20. AUTOPSY? YES <input 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) (Min.)		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>June 5, 1951</u> to <u>June 7, 1951</u> , that I last saw the deceased alive on <u>June 6, 1951</u> , and that death occurred at <u>1:00 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. Bloom</u>		23b. ADDRESS <u>Fayette Mo</u>		23c. DATE SIGNED <u>6-11-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Springs</u>
24d. LOCATION (City, town, or county) (State) <u>Howard Co., Mo.</u>		4565 FUNERAL DIRECTOR'S SIGNATURE <u>W. Bloom</u> ADDRESS <u>New Franklin Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-11-51</u>		REGISTRAR'S SIGNATURE <u>W. Bloom</u>		

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

451

RECEIVED 6-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-13-51

JUN 23 1951

MS OCT 28 1960

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 *R. L. Hall*

Signed.....
Student Embalmer

Licensed Embalmer No. *3515*

P. O. Address *New Franklin 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.