

FILED MAY 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17163

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Waverly</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Waverly</i>	
c. LENGTH OF STAY (in this place) <i>10 days</i>		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Kelling Clinic</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <i>FRED</i>		a. (First) _____	b. (Middle) _____	c. (Last) <i>WYATT</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 5, 1951</i>	
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug. 9, 1870</i>	9. AGE (In years last birthday) <i>80</i>	10 UNDER 1 YEAR Months <i>8</i> Days <i>28</i>	11 UNDER 18 YRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>own Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Frank Wyatt</i>	13b. MOTHER'S MAIDEN NAME <i>Almeta Logadorn</i>	14. NAME OF HUSBAND OR WIFE <i>Mary E Wyatt</i>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mary E Wyatt</i> ADDRESS <i>Waverly, Mo.</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		12. INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs?</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardio Vascular and disease</i>		
	ANTECEDENT CAUSES Morbidity 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. <i>Arterio sclerosis, general?</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>442 X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 *Jan 15, 1949*, to *May 5, 1951*, that I last saw the deceased alive on *May 5, 1951* and that death occurred at *10:15 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Angela Kelling, M.D.</i> (Degree or title)	23b. ADDRESS <i>Waverly, Mo.</i>	23c. DATE SIGNED <i>5-7-51</i>
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24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-7-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Waverly cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Waverly, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>May 7-1951</i>	REGISTRAR'S SIGNATURE <i>Clayton A. Landrum</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harvey Hershberger</i> ADDRESS <i>Marshall Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

540

RECEIVED 5-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-17-51 _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall 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.