

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8147

State File No. _____

FILED MAR 19 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>4207</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blytheville</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blytheville</u>		d. STREET ADDRESS <u>Stone</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS <u>Stone</u>				
3. NAME OF DECEASED (Type or Print) <u>JOHN ELMER WYANT</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Feb 29, 1952</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 5, 1879</u>		9. AGE (in years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S</u>		
13a. FATHER'S NAME <u>Jacob Wyant</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Shain</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Wyant</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-14 9423</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Opal Wyant - Blytheville, Mo</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Throat</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</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.						
19a. DATE OF OPERATION _____		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) <u>148X</u>				
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 _____				
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>51</u> , to <u>Feb 29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 29</u> , 19 <u>52</u> , and that death occurred at <u>3 PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Gilbert H. Whinger, D.D.</u>				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>3-6-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 2</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morris Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany RFD, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 10-1952</u>		REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Israel W. Boygen</u> ADDRESS <u>Engleville, Mo</u>				

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 Gerald W. Boygen.....

Licensed Embalmer No. 4762.....

P. O. Address Eagleville, 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.