

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35292

FILED NOV 8 1952

State File No. 4542

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city 3928</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7531 Pennsylvania</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Mrs Betty Lee</u> b. (Middle) <u>Wyatt</u> c. (Last) <u>Wyatt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 17 1884</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Elizah Shoemaker</u>			13b. MOTHER'S MAIDEN NAME <u>Matilda Rose</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Arthur Wyatt</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Hainline 7531 Pennsylvania</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive Encephalopathy</u>				<u>2 wks</u>	
		DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>				<u>2 1/2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>443 X</u>	

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)		
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 Sept 27, 1952, to Oct 16, 1952, that I last saw the deceased alive on Oct 15, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gert H. Reitz</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>404 1/2 W. 75th K.C. Mo</u>		23c. DATE SIGNED <u>10-17-52</u>	
--	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried - 4</u>		24b. DATE <u>10-18-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maund City, Missouri</u>	
--	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>10-17-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France - Warrall Funeral Home</u>			
---	--	---	--	--	--	--	--

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

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 *Russell H. France*.....

Licensed Embalmer No. *4255*.....

P. O. Address *H. C. M.*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.