

FILED DEC 1 1952

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1952

REG. DIST. NO. 42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 1225

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Mo.</u>		c. LENGTH OF STAY (in this place) <u>20 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0:250</u> <u>1</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>										
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>W</u> c. (Last) <u>WAYMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-52</u>							
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Newborn</u>	8. DATE OF BIRTH <u>11-24-52</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>L. J. Wayman</u>			13b. MOTHER'S MAIDEN NAME <u>Charlene Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>none</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>X Mrs. Charles Fisher</u>			ADDRESS			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Monstrosity</u>						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 <u>750 X</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)		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>11-24</u> , 19 <u>52</u> , to <u>11-24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-24</u> , 19 <u>52</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above.										
22a. SIGNATURE <u>W. R. Halliday</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Plattsburg Mo.</u>			22c. DATE SIGNED <u>11-24-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Nov. 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Caspary</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. D. Lyon</u>		ADDRESS <u>Plattsburg 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 Daniel W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.