

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38357

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1246

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>624 South 19th St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>	b. (Middle) <u>NELSON</u>	c. (Last) <u>WYATT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 23, 1953</u>
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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>March 5, 1898</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worker in hide Dept.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Armour & Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Holton, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Wyatt</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Lumley</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Helen Wyatt</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-09-1222</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Wyatt, 624 So. 19th St., St.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemothorax, left- Hemoperitoneum-Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractures 3-4-5-6-7-8-9-10 left ribs, ruptured diaphragm.</u> DUE TO (c) <u>Laceration of liver, contusion & abrasions, generalized.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia secondary to above, etc.</u>		<u>E9123</u> <u>11</u>

19a. DATE OF OPERATION <u>Nov 23, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>As above.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Armour & Co.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Twsp. Buchanan Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 23, 1953 3:00P</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell 6 feet. Backed tractor out open box car doors-</u>
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22. I hereby certify that I attended the deceased from Nov 23, 19 53 to Nov 23, 19 53, that I last saw the deceased alive on Nov 23, 19 53, and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Willie P. McDonald M.D.</u>	23b. ADDRESS <u>301 No. 8th St., City</u>	23c. DATE SIGNED <u>11-25-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 4, 1953</u>	REGISTRAR'S SIGNATURE <u>Locher M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Muehoffer Fleman</u>	ADDRESS <u>Mo. St. Joseph,</u>
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WRITE PLAINLY—USING UNFADING 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

Raymond W. Marchessault

Licensed Embalmer No. 4413

P. O. Address St. Joseph, 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.