S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1953

State File No. 38909

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette
c. LENGTH OF STAY (In this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S. Moniteau Twp. (Rural)
d. STREET ADDRESS (If rural, give location): R. R. #5

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Maurice
c. (Last): Wyatt

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 11, 1950
9. AGE (In years last birthday): 3 — If under 1 year: Months 1, Days 22; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (City and State or Foreign Country): Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Con Wyatt
13b. MOTHER'S MAIDEN NAME: Brooksie Elder
14. NAME OF HUSBAND OR WIFE: ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Con Wyatt — ADDRESS: R.R.#5 Fayette, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Idiopathic febrile convulsions — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): undetermined

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: none
19b. MAJOR FINDINGS OF OPERATION: 7802
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1953, *to* Dec 3, 1953, *that I last saw the deceased alive on* Dec 3, 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. J. Shaw, Jr M.D.
23b. ADDRESS: Lee Hospital, Fayette, Mo
23c. DATE SIGNED: 12-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/5/53
24c. NAME OF CEMETERY OR CREMATORY: Big Springs Cemetery
24d. LOCATION (City, town, or county) (State): Howard Co. Missouri

DATE REC'D BY LOCAL REG.: 12-4-53
REGISTRAR'S SIGNATURE: Mary K. Shell 436
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph A. Carr — ADDRESS: Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.