

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2187**

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. **251**

PRIMARY REG. DIST. NO. **3048** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Maryville c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Arkoe-rural d. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) Wyatt c. (Last) Wyatt		4. DATE OF DEATH (Month) (Day) (Year) 2-6-1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-5-1871
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Illinois
10b. KIND OF BUSINESS OR INDUSTRY Homemaking		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Curis Hiter		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE John E Wyatt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Carr - Arkoe, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 7 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Senility - arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) generalized		

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) 332X	
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 **1-27**, 19**54**, to **2-6**, 19**54**, that I last saw the deceased alive on **2-6**, 19**54**, and that death occurred at **2:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. C. Bauman M.D. (Degree or title)		23b. ADDRESS Maryville		23c. DATE SIGNED 2/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-8-1954		24c. NAME OF CEMETERY OR CREMATORY Miriam Cem -	
24d. LOCATION (City, town, or county) Maryville Mo -		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Bauman ADDRESS Maryville Mo.			
DATE REC'D BY LOCAL REG. 2-13-54		REGISTRAR'S SIGNATURE Bess Hull		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Bauman ADDRESS Maryville Mo.	

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 *G M. Altman*

Licensed Embalmer No. *2279*

P. O. Address *Maryville, 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.