

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1956

State File No. 31554

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 2848 Registrar's No. 209

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 (If outside corporate limits, write RURAL and give township) OR TOWN Barnard

c. CITY OR TOWN Barnard

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION rural Home

e. STREET ADDRESS (If rural, give location) Rural 0740

3. NAME OF DECEASED (Type or Print)  
a. (First) Samuel b. (Middle) F c. (Last) Wyatt

4. DATE OF DEATH (Month) (Day) (Year) 9-7-1956

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, (Specify) never married

8. DATE OF BIRTH 9/1/1870

9. AGE (to years last birthday) 86  
IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter

10b. KIND OF BUSINESS OR INDUSTRY Carpentering

11. BIRTHPLACE (City and State or Foreign Country) Rosendale, Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Francis Wyatt

13b. MOTHER'S MAIDEN NAME Mary F May

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Lundy-Barnard, 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) Cerebral Apoplexy  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 30 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 334X

20. AUTOPSY? YES  NO

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) 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 Aug 10, 1956 to Sept 7, 1956, that I last saw the deceased alive on Sept 1, 1956 and that death occurred at 7:55 PM., from the causes and on the date stated above.

23a. SIGNATURE M. C. New, D.O.

23b. ADDRESS Martland Mo

23c. DATE SIGNED 9/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/9/1956

24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery

24d. LOCATION (City, town, or county) (State) Savannah, Mo

DATE REC'D BY LOCAL REG. 9-15-56 REGISTRAR'S SIGNATURE Bess Holt

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Peterson Maryville Mo

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

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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.....  
Signature of Student Embalmer

Signed *G. M. Atchison*.....

Licensed Embalmer No. *327*.....

P. O. Address *Maryville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.