

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3609

STATE FILE NUMBER

FILED MAR 11 1957

Registration District No. 1 Primary Registration District No. 4001 Registrar's No. 92

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novinger | | c. CITY OR TOWN Novinger | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home | | d. STREET ADDRESS (If outside, give location) Novinger | |
| 3. NAME OF DECEASED (Type or print) First Mollie Middle Lea Last Wyatt | | 4. DATE OF DEATH Mar. 6, 1957 Month Mar. Day 6 Year 1957 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 12, 1890 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 13. FATHER'S NAME George Dennie | | 14. MOTHER'S MAIDEN NAME Maggie Upchurch | |
| 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. X | |
| 17. INFORMANT Joie Wyatt, Novinger, Mo. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver | | | INTERVAL BETWEEN ONSET AND DEATH 3 Months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 1561 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Dec. 1956 to Mar. 6, 1957 and last saw her alive on Mar. 6, 1957 Death occurred at 3:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. L. Marten | | 22b. ADDRESS D. O. 2 Kirksville, Mo. | |
| 22c. DATE SIGNED 3/6/57 | | | |
| 23a. BURIAL, CREMATION, BENEFIT (Specify) Burial | | 23b. DATE 3/9/57 | |
| 23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery | | 23d. LOCATION (City, town, or county) (State) Novinger, Mo. | |
| 24. FUNERAL DIRECTOR Carl M. Long | | 25. DATE RECD. BY LOCAL REG. 3-7-1957 | |
| ADDRESS Kirksville, Mo. | | 26. REGISTRAR'S SIGNATURE Doris W. Gatliff | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
-56

35
0

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 Richard R. Ellis, Student Embalmer No. 54 working under my personal supervision.

Student Richard R. Ellis
Signature of Student Embalmer

Signed George W. Davolt
Licensed Embalmer No. 47

P. O. Address Kirkwood

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.