

FILED SEP 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29034

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 110

## 1. PLACE OF DEATH

a. COUNTY Pulaskib. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Hwy 66 Cullen Twp. Inside Limits  
Yes ☐ No ☒c. FULL NAME OF DECEASED (If not in hospital, give location)  
HOSPITAL OR INSTITUTION W Waynesville Length of stay in lb  
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## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Scottc. CITY OR TOWN Sikeston Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
513 Wm Street Residence Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

James Elish Wyatt

## 4. DATE OF DEATH

Month

Day

Year

Aug 26 57

## 5. SEX

Male

## 6. COLOR OR RACE

White7. MARRIED ☒ NEVER MARRIED ☐WIDOWED ☐ DIVORCED ☐

## 8. DATE OF BIRTH

Dec 21 1914

## 9. AGE (In years last birthday)

43

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours Min.

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

Truckdriver

## 10b. KIND OF BUSINESS OR INDUSTRY

Commercial

## 11. BIRTHPLACE (City and state or country)

Sikeston Missouri

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13. FATHER'S NAME

Clarence E. Wyatt

## 14. MOTHER'S MAIDEN NAME

Maggi Johnson15. 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.

.323-12-8708 Nünnelee Funeral Sikeston Missouri

## 17. INFORMANT

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)

Crushing Injuries

## INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Auto accident

## DUE TO (c)

8160

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

26

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## MEDICAL CERTIFICATION

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Tractor unit driven by deceased crashed into back of flatbed tractor trailer unit crushing deceased20c. TIME OF INJURY Hour Month, Day, Year  
a. m.4:30 PM 8 26 5720d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Hwy 66 2 mi W Waynesville

## 20f. CITY, TOWN, OR LOCATION

Rural

## COUNTY

Pulaski

## STATE

Missouri21. I, Billy J. Hedges, the deceased's son, 8-26-57, xxDeath occurred at 4:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

Billy J. Hedges  
Billy J. Hedges Coroner

## 22b. ADDRESS

Richland Missouri

## 22c. DATE SIGNED

8-26-57

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

8-26-57

## 23c. NAME OF CEMETERY OR CREMATORY

Sikeston Cemetery

## 23d. LOCATION (City, town, or county)

Sikeston

## (State)

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

HEDGES FUNERAL HOMES INC WAYNESVILLE MO 8-26-57

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Paula Grace Anderson

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-31-57  
Pulaski County Health Officer  
File Number 110  
Date Filed 8-26-57

SEP 5 1957

SEP 11 1957

MAR 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision....

Student .....  
Signature of Student Embalmer

Signed *Clarence S. Moss*

Licensed Embalmer No. 48

P. O. Address *Waynesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.