Health, Welfare Public Service

. 300
. 1-56

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35236
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY COLE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Saint Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo State Prison — Length of stay in 1b 5 mos.	d. STREET ADDRESS (If outside, give location) 4041a Aldine — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First ETHELBERT	Middle	Last WYATT	4. DATE OF DEATH Month October Day 26 Year 1957
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 23, 1938	9. AGE (In years last birthday) 19 — 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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) E Saint Louis, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Earl Wyatt		14. MOTHER'S MAIDEN NAME Lora Washington		
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. Not Known	17. INFORMANT Prison Records — Address Jefferson City Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Broncho-pneumonia	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Traumatic stricture of urethra.	3 mos.
DUE TO (c)	8300	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 33

Suprapubic cystotomy was performed 10-24-57.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

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

On 7-24-57 the deceased was run over by a truck while at work in main prison. Suffered fractures of the left ischium left pubic, 5th lumbar, and sacrum.

20c. TIME OF INJURY Hour a. m. ~~p. m.~~ Month, Day, Year July 24-1957

20d. 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.) Main yard of prison

20f. CITY, TOWN, OR LOCATION Jefferson City — COUNTY Cole — STATE Missouri

21. I attended the deceased from July 24, 1957, to Oct. 26, 1957 and last saw ~~her~~ him alive on 10-26-57

Death occurred at 2:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]

22b. ADDRESS Mo State Penitentiary Hospital Jefferson City, Missouri

22c. DATE SIGNED 10-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	10-29-57	St. Louis Cemetery East	St. Louis, Illinois.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Officer Funeral Home	East St. Louis, Ills.	29 October 1957	R. P. Dorris, MD-MR

Charles J. Gordon F. Home (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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 30 1957

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roger A. Gordon

Licensed Embalmer No. 128

P. O. Address Jeff City

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.