

All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006508
 STATE FILE NUMBER **18**

FILED MAR 12 1958

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 18

| | | | | | | | |
|--|--|---|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wyatt</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Wyatt</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 3</u> | | Length of stay in lb <u>34 yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>Route 3</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Wyle</u> Middle <u>Crafton</u> Last <u></u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1958</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Col.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>WIDOWED</u> <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 25, 1870</u> | 9. AGE (In years last birthday) <u>88</u> | 10. FUNDER 1 YEAR Months <u></u> Days <u></u> | | 11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (City and state or country) <u>Tenn.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Unk.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unk.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unk.</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT Address <u>Mrs. Udessa Royston, Route 3, Charleston, Mo.</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dr. J. McMillan, coroner, examined.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>The body and it was his opinion that death was due to natural causes.</u> DUE TO (c) <u></u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7954</u> | | |
| 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.) <u></u> | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u> | | | 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.) <u></u> | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u></u> | | | | |
| 21. I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at <u>8:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Donathy B. Hathorn Registrar Charleston, Mo.</u> | | | 22b. ADDRESS <u></u> | | 22c. DATE SIGNED <u>3-7-58</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>March 8, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>L. R. Sparks</u> | | ADDRESS <u>Charleston, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-7-58</u> | 26. REGISTRAR'S SIGNATURE <u>Donathy B. Hathorn</u> | | | |

RECEIVED
Miss. Co. Health Dep
County File No. _____
Date Filed 3-10-56

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 Edward H. Puffin

Licensed Embalmer No. 5022
2501 Poplar
P. O. Address Cairo, Ill

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.