

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028478
STATE FILE NUMBER

FILU AUG 25 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 415

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau Mo 064
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Length of stay in lb 41 yrs	d. STREET (If outside, give location) ADDRESS 1523 So Sprigg Street
3. NAME OF DECEASED (Type or print) First Dora Middle Elizabeth Last Wyatt		4. DATE OF DEATH Month Aug , Day 1 , Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May, 20, 1880
9. AGE (In years and birthday) 78		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Work	11. BIRTHPLACE (City and state or country) Morley Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Caler	
13b. MOTHER'S MAIDEN NAME Martha Marshall		14. NAME OF HUSBAND OR WIFE B.Z. Wyatt	
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. None	
17. INFORMANT B.Z. Wyatt		Address Cape Girardeau Mo.	
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 Neck & Throat & Metastasis to lung. 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 (a) 1992			INTERVAL BETWEEN ONSET AND DEATH 7 mos.
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 _____ a.m. _____ p.m.	
20d. INJURY OCCURRED WHILE AT <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 Cape Girardeau		COUNTY Mo STATE Mo	
21. I attended the deceased from 7-8-58 to 8-1-58 and last saw her/him alive on 8-1-58 Death occurred at 9:40 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C.P. McQuitty M.D.		22b. ADDRESS Cape Girardeau	
22c. DATE SIGNED 8-5-58		22d. DATE RECD. BY LOCAL REG. Aug 15, 1958	
22e. REGISTRAR'S SIGNATURE Mr. James Cooper		22f. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 3, 1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cent		23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
24. FUNERAL DIRECTOR L.L. Haman		ADDRESS Cape Girardeau Mo.	

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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 *L. L. Hamon*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.