

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035294
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 141

S. 300
v. 1-57

| | | | | | |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Vernon | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Osceola | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3 | | Length of stay in lb 27 days | d. STREET ADDRESS (If outside, give location) Route #2 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First William Middle Edward Last Wyatt | | | 4. DATE OF DEATH Month October Day 6 Year 1958 | | |
| 5. SEX Male | 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 March 20, 1881 | | 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HRS.: Hours 1 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Wise County, Texas | |
| 10c. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Thomas Ralston Wyatt | | 13b. MOTHER'S MAIDEN NAME Susan Elisa Ventress | |
| 14. NAME OF HUSBAND OR WIFE Lucy Jane 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. 702-03-9581 | |
| 17. INFORMANT Records - State Hosp. #3, Nevada, Missouri | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Arteriosclerosis DUE TO (c) 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 12:40 Month, Day, Year 10-6-58 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 Osceola | | COUNTY Missouri STATE | |
| 21. I attended the deceased from 9-9-58 to 10-6-58 and last saw him alive on 10-6-58 Death occurred at 12:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | 22a. SIGNATURE (Degree or title) <i>Edna J. Jurek</i> | | 22b. ADDRESS State Hospital No. 3 Nevada, Missouri |
| 22c. DATE SIGNED 10-6-58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10/8/58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Osceola | | 23d. LOCATION (City, town, or county) (State) Osceola Missouri | | 24. FUNERAL DIRECTOR Foodrich Home, Osceola Mo | |
| 25. DATE RECD. BY LOCAL REG. 10-8-1958 | | 26. REGISTRAR'S SIGNATURE <i>Anna J. Jurek</i> | | | |

(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 21 1958

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 *Paul J. [Signature]*

Licensed Embalmer No. *3990*
P. O. Address *Orinda, Me*

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.