Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043256

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 570

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1. PLACE OF DEATH a. COUNTY: Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Columbia 0105 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Boone Co. Hospital — Length of stay in 1b: 16 Years	d. STREET ADDRESS (If outside, give location): 8 N. Second St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LUELLA Middle Last WYATT

4. DATE OF DEATH: Month December Day 18 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: Aug. 14, 1874

9. AGE (In years last birthday): 84 — 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Howard County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Shipes

13b. MOTHER'S MAIDEN NAME: Margaret Murry

14. NAME OF HUSBAND OR WIFE: THomas H. Wyatt

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.: None

17. INFORMANT Address: Mrs. Bradford Breedlove, Columbia, Mo.

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH: 5 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Generalized Arteriosclerosis — 10 yr.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of Lt Femur 420CF

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1 NOV 58, to 18 Dec 58 and last saw her/him alive on 18 Dec 58

Death occurred at 4 P m on the date stated above; and to the best of my knowledge, from the causes stated.

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

22b. ADDRESS: 1 West Blvd. No.

22c. DATE SIGNED: 12/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 20, 1958

23c. NAME OF CEMETERY OR CREMATORY: Big Springs Cemetery

23d. LOCATION (City, town, or county) (State): Howard County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.: Dec 20, 1958

26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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FEB 9 1959

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 George A. Kelly

Licensed Embalmer No. 8759

P. O. Address Columbia

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.