

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025524

FILED VS JUL 27 1959 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3435 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>35 yrs</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>418 E 9th St</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>3813 E 37</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>JOHN L. WYATT</i>			4. DATE OF DEATH Month Day Year <i>7-11-1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-3-1924</i>	9. AGE (last birthday) <i>35</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and state or country) <i>Ke, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>John E Wyatt</i>		13b. MOTHER'S MAIDEN NAME <i>Ruth M. Lamb</i>		14. NAME OF HUSBAND OR WIFE <i>—</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes WW2</i>		16. SOCIAL SECURITY NO. <i>499-18-3372</i>	17. INFORMANT Address <i>John E Wyatt Ke Mo.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Myocardial Infarction</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Walter A. Owens Coroner</i>		22b. ADDRESS <i>1034 Prairie Bldg</i>		22c. DATE SIGNED <i>7-13-59</i>	
23a. FUNERAL CREATION, REMOVAL (Specify)	23b. DATE <i>7-13-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mound Grove Cem. Independence, Mo</i>	23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <i>Laurentino Brad</i>		ADDRESS <i>Ke Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>7-13-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HIGH H. OWENS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leonard Passantino

Licensed Embalmer No. 455

P. O. Address Rem

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.