

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002836

FILED VS JAN 13 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 10

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla			Length of stay in 1b 43 Hours		c. CITY OR TOWN Rolla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route No. 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle ALFRED Last WYATT, Sr.				4. DATE OF DEATH Month Jan. Day 8, Year 1960				
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 5-22-97	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Serviceman			10b. KIND OF BUSINESS OR INDUSTRY Gas. & Electric		11. BIRTHPLACE (City and state or country) Council Grove, Kans		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Noah Wyatt			13b. MOTHER'S MAIDEN NAME Minnie Mae Beard			14. NAME OF HUSBAND OR WIFE May Wyatt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. No. 1			16. SOCIAL SECURITY NO. 489-03-2884		17. INFORMANT Address Mrs. May Wyatt, Rt. 1, Rolla, 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) <i>Pneumonitis, traumatic and</i> DUE TO (b) <i>Concussion, cerebral, severe</i> DUE TO (c) <i>Auto-train collision</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>multiple fractures ribs & left femur</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>"</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>auto - hit by train</i>						
20c. TIME OF INJURY Hour 1 Month 1 Day 6 Year 60 s.m. p.m.		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.) <i>street - rail crossing</i>		20f. CITY, TOWN, OR LOCATION Rolla		COUNTY Phelps		STATE MO		
21. I attended the deceased from 1-6-60 to 1-8-60 and last saw him alive on 1-8-60 Death occurred at 6:30AM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>J.A. Stueder M.D.</i>				22b. ADDRESS Rolla Mo		22c. DATE SIGNED 1-9-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-10-60		23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens		23d. LOCATION (City, town, or county) (State) Rolla, Missouri.		
24. FUNERAL DIRECTOR ADDRESS Null & Son Funeral Home			25. DATE RECD. BY LOCAL REG. Jan. 9, 1960		26. REGISTRAR'S SIGNATURE <i>Nedra L. Stoll</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 28 1960

MS
HW
1960

JAN 14 1960

JAN 29 1960

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 Paul E. N.

Licensed Embalmer No. 4498

P. O. Address Rolla,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.