JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007148

FILED VS FEB 23 1960 184

Registration District No. _____ Primary Registration District No. 3038 Registrar's No. 22

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pershing Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Laclede, Missouri — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Josephine, Middle Esther, Last Wyett
4. DATE OF DEATH: Month February, Day 8, Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan.24, 1876
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months, Days 15 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Browning, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James J. Bailey
13b. MOTHER'S MAIDEN NAME: Hannah Cotter
14. NAME OF HUSBAND OR WIFE: Henry Wyett

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.: No
17. INFORMANT: Harold Van Dyke — Address: 2838 Frances Avenue, La Crescenta, California

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): Shock.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombosis of post. tibial artery of rt. leg. — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO (c): Generalized arteriosclerosis — 1 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Uremia.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 2-6-60, to 2-8-60 and last saw her/him alive on 2-8-60.
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Bohnsack MD
22b. ADDRESS: Brookfield MO
22c. DATE SIGNED: 2/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb.10,1960
23c. NAME OF CEMETERY OR CREMATORY: Laclede Cemetery
23d. LOCATION (City, town, or county) (State): Laclede, (Linn County,) Mo.

24. FUNERAL DIRECTOR ADDRESS: Blake Glidden, BROTHERS FUNERAL HOME, Laclede, Mo.
Blake Glidden
25. DATE RECD. BY LOCAL REG.: 2-15-60
26. REGISTRAR'S SIGNATURE: Katharine Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB

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 Blake Glidden

Licensed Embalmer No. 501

P. O. Address Laclede, Missour

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