URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-016061

STATE FILE NUMBER

FILED VS MAY 4 1960

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MARCELINE
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: W. WALKER St.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: LINN
c. CITY OR TOWN: MARCELINE
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): W. WALKER St.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: HERVEY Middle: CLIFTON Last: WYATT
4. DATE OF DEATH: Month 4 Day 14 Year 1960
5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-12-1907
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months 0 Days 2 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRAKEMAN Ret.
10b. KIND OF BUSINESS OR INDUSTRY: ATSF. RWY
11. BIRTHPLACE (City and state or country): HIGH Hill Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: EMMet WYATT
13b. MOTHER'S MAIDEN NAME: LILLIAN DALE
14. NAME OF HUSBAND OR WIFE: OLA WYATT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 1928
16. SOCIAL SECURITY NO.: 487-09-9868
17. INFORMANT: MRS. H.C. WYATT Address: MARCELINE

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Paramenomitis — 6 mos
DUE TO (c): Paramenin of Rectum — 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 1957 to 4-14-60 and last saw him alive on 4-7-60
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): [signature]
22b. ADDRESS: Marceline Missouri
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-16-60
23c. NAME OF CEMETERY OR CREMATORY: Mt. OLIVET CEM
23d. LOCATION (City, town, or county) (State): MARCELINE Mo.
24. FUNERAL DIRECTOR: Miller-Tillotson ADDRESS: MARCELINE Mo
25. DATE RECD. BY LOCAL REG.: 4-15-60
26. REGISTRAR'S SIGNATURE: Brooxie Owens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US MAY 4 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_____ Signed Lilburn K. Tida

Signature of Student Embalmer

Licensed Embalmer No. 450 d

P. O. Address Marcel

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