RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 12 1960

-60-042358

5882

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in-lb 4 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CONLEY HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN GRAIN VALLEY
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. # 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First DANA Middle WYDENE Last WYATT
4. DATE OF DEATH Month NOVEMBER Day 20 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-24-1960
9. AGE (last birthday) - 0 -
IF UNDER 1 YEAR Months 0 Days 27
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY INFANT
11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wilbur Wyatt
13b. MOTHER'S MAIDEN NAME Betty Mc Donald
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Wilbur Wyatt, Rt.# 1, Grain Valley, 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) Infectious diarrhea — INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 10-24-60, to 11-20-60 and last saw her alive on 11-20-60
Death occurred at 10:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Myron D. Jones (Degree or title) D.O.
22b. ADDRESS 936 E 11th St
22c. DATE SIGNED 11-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-22-60
23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery
23d. LOCATION (City, town, or county) (State) Jackson County, Mo.

24. FUNERAL DIRECTOR ADDRESS GEO.C.CARSON & SONS, INDEP., MO.
25. DATE RECD. BY LOCAL REG. 11-22-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Myron D. Jones

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 Raymond F. Holm

Licensed Embalmer No. 426

P. O. Address Independ

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