

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 30 1960

-60-048547

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 70

| | | | | | | | | |
|--|---|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Warren | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton | | Length of stay in lb 7 yrs. | | c. CITY OR TOWN Warrenton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 E. Oaklawn | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 302 E. Oaklawn | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Harry Middle Douglas Last Wyatt | | | | 4. DATE OF DEATH Month Dec. Day 21 , 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 5-17-85 | 9. AGE (last birthday) 75 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | | 11. BIRTHPLACE (City and state or country) Montgomery Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME George A. Wyatt | | | 13b. MOTHER'S MAIDEN NAME Catherine Wells | | | 14. NAME OF HUSBAND OR WIFE Olivia Linnert | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | 16. SOCIAL SECURITY NO. 499-24-7780 | | 17. INFORMANT Mrs. Harry D. Wyatt | | | Address 302 E. Oaklawn Warrenton, 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) Carcinoma of rectum & glandular metastasis DUE TO (b) metastasis DUE TO (c) Crown of thrombus | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 h. | |
| 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. <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 Dec 11 1960 to Dec 21 1960 and last saw ^{her} him alive on Dec 21 1960 Death occurred at 7:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Harold D. Abel</i> | | | | 22b. ADDRESS <i>Warrenton Mo</i> | | | 22c. DATE SIGNED <i>12-23-60</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23d. DATE 12-24-60 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 23d. LOCATION (City, town, or county) Jonesburg, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo. | | | 25. DATE RECD. BY LOCAL REG. Dec. 23. 1960 | | 26. REGISTRAR'S SIGNATURE <i>Floyd Logan</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 30 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 John D. Hurlburg

Licensed Embalmer No. 3897

P. O. Address Warrenton,

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