MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1 1961

-61-001118
STATE FILE NUMBER

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 16

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Reid Hosp. + Clinic — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Harrison
c. CITY OR TOWN Eagleville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) None — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Bruce Middle: Lee Last: Wyant
4. DATE OF DEATH Month: JAN. Day: 25 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-9-1896
9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: Farming
11. BIRTHPLACE (City and state or country): Eagleville, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: William W. Wyant
13b. MOTHER'S MAIDEN NAME: Lou Nettie Jones
14. NAME OF HUSBAND OR WIFE: Marguerite Beebs Wyant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 10-22-1918 to 3-10-1919
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mrs Shirley Elliott, Eagleville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE MYOCARDIAL FAILURE	1 HOUR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	MASSIVE UPPER GASTRO-INTESTINAL HEMORRHAGE	5 DAYS
DUE TO (c)	PORTAL CIRRHOSIS OF LIVER	10 YEARS

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 1/23/61 to 1/25/61 and last saw her/him alive on 1/25/61
Death occurred at 3 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) DoO.
22b. ADDRESS BETHANY, MISSOURI
22c. DATE SIGNED 1/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-29-1961
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) (State) Eagleville, Mo

24. FUNERAL DIRECTOR ADDRESS Gerald W. Boggess, Eagleville, Mo
25. DATE RECD. BY LOCAL REG. 1-27-1961
26. REGISTRAR'S SIGNATURE Della Maxey

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gerald W. Boggess

Licensed Embalmer No. 4762

P. O. Address Eagleville, Mo

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