

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041953

STATE FILE NUMBER

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

361

AMENDED

FILED DEC 11 1961

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sedalia

Length of stay in 1b

39 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

409 N. Osage St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Sedalia

d. STREET ADDRESS

409 N. Osage

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Cylester

Middle

F.

Last

Wyatt

4. DATE OF DEATH

Month

Nov.

Day

27

Year

1961

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

1/22/1900

9. AGE (last birthday)

61 yrs.

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)

Boilermaker Helper

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Little Rock, Ark.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Tommy Mae Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

702-16-3170

17. INFORMANT

Doris Wyatt Lee Sedalia, Mo.

Address

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 Larynx with Metastases

INTERVAL BETWEEN ONSET AND DEATH

2 years

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)

Severe inanition and malnutrition from inability to swallow

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.

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 Aug. 1961 to Nov. 27, 1961 and last saw him alive on Nov. 19, 1961

Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Albert J. Campbell, M.D.

22b. ADDRESS

312 1/2 So. Ohio Sedalia Mo.

22c. DATE SIGNED

11-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/5/1961

23c. NAME OF CEMETERY OR CREMATORY

Crownhill Annex Cem.

23d. LOCATION (City, town, or county)

Sedalia

(State)

Mo.

24. FUNERAL DIRECTOR

J. Price Alexander Sedalia, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-4-1961

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DEC 14 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 _____

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.