

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022127

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 133

STATE FILE NUMBER

AMENDED

FILED JUN 23 1961

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		c. CITY OR TOWN Rolla	
Length of stay in 1b 40 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.		d. STREET ADDRESS 402 Olive st.,	
3. NAME OF DECEASED (Type or print) First SARAH Middle WYATT Last DAVIS		4. DATE OF DEATH Month June Day 14 , Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/26/1890
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 24 Days 14 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (City and state or country) Council Grove, Kan.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Noah Wyatt		13b. MOTHER'S MAIDEN NAME Mimie Beard	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Carl Salley Address Rolla, 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) Coronary atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. arteriosclerosis DUE TO (b) arteriosclerosis DUE TO (c) arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 24 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Shankers Lupus; mesenteric artery			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 11:45 a.m. Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Rolla, Mo.		
21. I attended the deceased from 1955 to June 14, 1961 and last saw her alive on June 14, 1961 Death occurred at 12:30 on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 6/16/61	
22a. SIGNATURE James J. Britt MD		22b. ADDRESS Rolla, Mo.	
23a. PLACE OF BURIAL OR CREMATION Burial	23b. DATE 6/16/1961	23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	
24. FUNERAL DIRECTOR Carl J. Glenn West 10th st., Rolla, Mo.		25. DATE RECD. BY LOCAL REG. June 16, 1961	
26. REGISTRAR'S SIGNATURE Nadene L Stoll		27. LOCATION (City, town, or county) Rolla, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 22 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 _____

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Ralla, 740,

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.