

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022127

AMENDED

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

STATE FILE NUMBER

FILED JUN 23 1961

ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	MEDICAL CERTIFICATION	INSTEAD OF	DOCUMENT	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
							a. COUNTY	Phelps		a. STATE	Mo.	b. COUNTY	Phelps		c. CITY	OR	TOWN	Rolla		c. CITY	OR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN						Rolla		Length of stay in lb		40 yrs.		Inside Limits						Inside Limits			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION						Phelps Co. Memorial Hosp.		Inside Limits		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm	
3. NAME OF DECEASED (Type or print)						First SARAH		Middle WYATT		Last DAVIS		4. DATE OF DEATH		Month June 14, 1961		Day		Year			
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY							
Female		White		10b. KIND OF BUSINESS OR INDUSTRY		10/26/1890		70		Housewife		Council Grove, Kan.		USA							
13a. FATHER'S NAME						13b. MOTHER'S MAIDEN NAME						14. NAME OF HUSBAND OR WIFE									
Noah Wyatt						Minnie Beard						Deceased									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						16. SOCIAL SECURITY NO.						17. INFORMANT Mrs. Carl Salley									
No <input checked="" type="checkbox"/> None												Address Rolla, Mo.									
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) <i>coronary dehiscence</i>												24 hours									
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause (last).						DUE TO (b) <i>arteriosclerosis</i>															
DUE TO (c) <i></i>																					
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.															
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						20f. CITY, TOWN, OR LOCATION									
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.)						COUNTY STATE									
21. I attended the deceased from 1996 to <i>June 14, 1961</i> and last saw her alive on <i>June 14, 1961</i>																					
Death occurred at <i>12:30</i> on the date stated above, and to the best of my knowledge, from the causes stated.																					
22a. SIGNATURE <i>James J. Britt, Jr.</i>						Degree or title <i>mb</i>						22b. ADDRESS <i>Rolla, Missouri</i>						22c. DATE SIGNED <i>6/16/61</i>			
23a. PURCHASE/CREMATION, REMOVAL (Specify) <i>Burial</i>						23b. DATE <i>6/16/1961</i>						23c. NAME OF CEMETERY OR CREMATORIAL <i>Rolla Cemetery</i>						23d. LOCATION (City, town, or county) <i>Rolla, Mo.</i>			
24. FUNERAL DIRECTOR Carl J. Glenn West 10th st., Rolla, Mo.						ADDRESS						25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <i>Madeline L. Stoll</i>							
(Licensed Embalmer's Statement on Reverse Side)																					

1961 JUN 28 NOR

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, 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.