

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 510

0190  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4093 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>East Lynn</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>East Lynn</b>	
c. LENGTH OF STAY (In this place) <b>Years</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nellie</b>		b. (Middle) <b>Myrtle</b>	
		c. (Last) <b>Wyatt</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 7 50</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 29 1890</b>	
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Toliver Fowlkes</b>		13b. MOTHER'S MAIDEN NAME <b>Little Faulkenberry</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Wyatt</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Wyatt East Lynn, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>Cholecystitis &amp; hepatitis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-7</b> , 19 <b>49</b> , to <b>12-28</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>12-28</b> , 19 <b>49</b> , and that death occurred at <b>3.45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Paul A. Wood</b>		23b. ADDRESS <b>P.O. Pleasant Hill Mo. 1-9-50</b>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>1-9-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs</b>	
24d. LOCATION (City, town, or county) (State) <b>Blue Springs, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Jan 9, 1950</b>	
REGISTRAR'S SIGNATURE <b>Russell J. Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Beckett</b>	
51		ADDRESS <b>Pleasant Hill, Mo.</b>	

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.....

*By me - 1-9-50*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Allen Burdick*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill, Va.*

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 this body is not embalmed, fact should be so stated above.