

FILED DEC 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37400

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Emma	b. (Middle) a	c. (Last) Wyatt	4. DATE OF DEATH (Month) (Day) (Year) Nov 29-50
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-29-1873	9. AGE (In years last birthday) 77	# UNDER 1 YEAR 10	# UNDER 1 YEAR 10	# UNDER 1 YEAR 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House	10b. KIND OF BUSINESS OR INDUSTRY Wife	11. BIRTHPLACE (State or foreign country) Oak Grove Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joe Campbell	13b. MOTHER'S MAIDEN NAME Margaret Harra	14. NAME OF HUSBAND OR WIFE George Wyatt
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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'S SIGNATURE OR NAME Address Geo. Wyatt - Oak Grove Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 14 days 18 mos 331X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transition		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage (Reticular area right) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ←	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 1, 1950, to Nov 28, 1950, that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE A. J. Foster (Degree or title) W.M.H. 0	23b. ADDRESS Oak Grove Mo	23c. DATE SIGNED 11-30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec-1-50	24c. NAME OF CEMETERY OR CREMATORY Buckner Cem	24d. LOCATION (City, town, or county) (State) Buckner Mo
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DATE REC'D BY LOCAL REG. 12-1-50	REGISTRAR'S SIGNATURE Donald C. Earschauer 378	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80

300

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R B Welf

Signed.....

Student Embalmer

Licensed Embalmer No. *230-3*

P. O. Address *Blue Springs 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 this body is not embalmed, fact should be so stated above.