

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1951

State File No. 7986

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 2019 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett (rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	
c. LENGTH OF STAY (in this place) 11 yrs.		0352	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3 miles s.w. of Kennett		d. STREET ADDRESS (If rural, give location) 403 Franklin Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Daly	b. (Middle) Marvin	c. (Last) Wyatt	4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-11-1893	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant (retired)	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Marvin Wyatt	13b. MOTHER'S MAIDEN NAME Mollie (maiden name)	14. NAME OF HUSBAND OR WIFE Lois 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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gilbert Wyatt, Memphis, Tennessee
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broken Neck Arm caught in fertilizer spreader DUE TO (c) while tractor was moving		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kennett Dunklin MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb-24-1951 1:28 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 035

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **Piedmont, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter C. Hester, Embalmer	23b. ADDRESS Kennett MO	23c. DATE SIGNED 3-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett, Missouri
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DATE REC'D BY LOCAL REG. 3-8-1951	REGISTRAR'S SIGNATURE (Signature)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Salmon, Kennett, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

350
3

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-9-51

COUNTY FILE NUMBER 351-61

MAR 21 1951

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.....

J. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2556

P. O. Address. Kennett, Mo.

12 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.