

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13329

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4342 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>Montgomery</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Montgomery</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Jonesburg</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Jonesburg 1700</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARTHA</i> b. (Middle) <i>WELLS</i> c. (Last) <i>WYATT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 17 1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan 9 1863</i>
9. AGE (in years last birthday) <i>88</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Jonesburg Mo</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>←</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Russel Wells</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Wells</i>	14. NAME OF HUSBAND OR WIFE <i>Leo Wyatt</i>
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. <i>←</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lucille Hombaker 222</i>
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) <i>Coronary Thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> ANTECEDENT CAUSES DUE TO (b) <i>Myocarditic Chronic</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <i>Interstitial Nephritis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>←</i>	
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>←</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4201</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>←</i>			
22. I hereby certify that I attended the deceased from <i>April 1 - 1951</i> , to <i>April 17, 1951</i> , that I last saw the deceased alive on <i>April 17, 1951</i> , and that death occurred at <i>8 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James O. Helm M.D.</i>		23b. ADDRESS <i>New Florence Mo.</i>	
23c. DATE SIGNED <i>4-24-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>April 19</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Jonesburg</i>		24d. LOCATION (City, town, or county) (State) <i>Jonesburg Mo</i>	
DATE REC'D BY LOCAL REG. <i>April 24-51</i>		REGISTRAR'S SIGNATURE <i>Mrs. May Miller</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl A. Harding</i>		ADDRESS <i>Jonesburg Mo</i>	

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Caul A. Harding

Licensed Embalmer No. *41158*

P. O. Address *Jonesburg 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.