No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. 25050

FILED JUL 23 1952

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5712 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: McDonald 0600 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Richwood
c. LENGTH OF STAY (In this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald 0600 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richwood
d. STREET ADDRESS (If rural, give location): Rural Rt., Rocky Comfort Mo

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) Elva c. (Last) Wyatt

4. DATE OF DEATH (Month) (Day) (Year): July 18 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/30/1876
9. AGE (In years last birthday): 75 — If under 1 year: Months 10, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: — —
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: G. W. Wyatt
13b. MOTHER'S MAIDEN NAME: Martha Arbridge
14. NAME OF HUSBAND OR WIFE: Nellie D. Wyatt

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: Nellie D. Wyatt, Rocky Comfort Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1950, to _____, 1952, that I last saw the deceased alive on June 20 1952, and that death occurred at 5:45 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn H. Salyer M. D. 0
23b. ADDRESS: Cassville, Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 7-20-52
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Rocky Comfort
24d. LOCATION (City, town, or county) (State): Rocky Comfort Mo

DATE REC'D BY LOCAL REG.: July 20, 1952
REGISTRAR'S SIGNATURE: D. E. Plumlee 178
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm Morris Pogue Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.