

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36036

State File No.

FILED OCT 16 1952

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6628 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Reynolds <u>Lesterville Sup</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri <u>Reynolds</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural		c. LENGTH OF STAY (If in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) Rural <u>Lesterville Sup</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. south of Lesterville</u>			d. STREET ADDRESS (If rural, give location) <u>5 miles south of Lesterville</u>		
3. NAME OF DECEASED (Type or Print) <u>STEWART</u>		a. (First)	b. (Middle) <u>WYATT</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>10-5-52</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 4 1861</u>	9. AGE (In years by birthday) <u>90</u>	IF UNDER 1 YEAR <u>10</u> Months <u>1</u> Days
IF UNDER 24 HRS. <u>1</u> Hours <u>15</u> Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>live stock</u>	11. BIRTHPLACE (State or foreign country) <u>Somerset Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jake Wyatt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Boyd</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lina Wyatt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lowell Wyatt</u>	ADDRESS <u>2643 Ann Ave, St. Louis MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Insufficiency</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.				
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) m.	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 <u>May 1949</u> , to <u>Sept 1952</u> , that I last saw the deceased alive on <u>Sept 19 52</u> , and that death occurred at <u>6.00A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. W. Antypachuk M.D.</u>			23b. ADDRESS <u>Lesterville Mo.</u>		23c. DATE SIGNED <u>10/9/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hyatts Creek Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Annapolis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/9/52</u>	REGISTRAR'S SIGNATURE <u>E. W. Antypachuk</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS <u>Truman Ave.</u>		

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

3900

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 Lucy White

Licensed Embalmer No. 3012

P. O. Address San Antonio

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.