

STANDARD CERTIFICATE OF DEATH

State File No. **37798**

FILED DEC 7 4 7 26 1952 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1224

117
U

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg 0250	
c. LENGTH OF STAY (In this place) 65 min		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED a. (First) John b. (Middle) Wayman c. (Last) WAYMAN		4. DATE OF DEATH (Month) (Day) (Year) Nov 24 52	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn	8. DATE OF BIRTH: Nov. 23, 1952
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1 Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME L. J. Wayman		13b. MOTHER'S MAIDEN NAME Mary Charles Fisher	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Fisher ADDRESS
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) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Monstrously 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 750x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Nov. 23, 1952 , to Nov. 24, 1952 , that I last saw the deceased alive on Nov. 24, 1952 , and that death occurred at 12:50 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. B. ... MD (Degree or title)		23b. ADDRESS Plattsburg Mo	23c. DATE SIGNED Nov 24 52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-25-52	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) Plattsburg MO.
DATE REC'D BY LOCAL REG. Nov. 25, 1952	REGISTRAR'S SIGNATURE Carl C. ...	25. FUNERAL DIRECTOR'S SIGNATURE W. W. Lyon ADDRESS Plattsburg, MO.	

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 Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg MD

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.