

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5575		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY (RURAL)		c. LENGTH OF STAY (In this place) 3 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 4407-INDEPENDENCE AVE 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 1/2 Womall				3098			
3. NAME OF DECEASED (Type or Print) a. (First) DONALD		b. (Middle) MARTIN		c. (Last) WYANT		4. DATE OF DEATH (Month) (Day) (Year) JAN 14 1953	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH JAN 3-1929	
9. AGE (In years last birthday) 24		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN HELPER RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) NORTH KANSAS CITY Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME JESS C. WYANT		13b. MOTHER'S MAIDEN NAME ODESSA PENNINGTON		14. NAME OF HUSBAND OR WIFE BILLIE COX KICMO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES KOREAN		16. SOCIAL SECURITY NO. 496-24-9256		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Donald Wyant K.C. Mo			
19. 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) Bullet Wound Head ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND 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.) 700 Jackson Mt		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-14-53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot - hand held in car in head			
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 _____ m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) Hugh H. Quinn Currier 3				22b. ADDRESS 1034 Reata Bldg		22c. DATE SIGNED 1-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-17-53		24c. NAME OF CEMETERY OR CREMATORY 3rd and Hill		24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo	
DATE REC'D BY LOCAL REG. 1-16-53		REGISTRAR'S SIGNATURE Dr. Annie G. Hodges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shirley Turner Home			

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

70553
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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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed

Richard E. Carroll

Licensed Embalmer No. *4829*

P. O. Address *K.C. 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.