

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1602**

State File No. ....

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 253

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>3 Mo 57 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1206 Ewing</u>		e. STREET ADDRESS (If rural, give location) <u>4421 Chestnut</u>	<u>3618</u>

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>BONNIE</u> b. (Middle) <u>MARY</u> c. (Last) <u>WYATT</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1/15/54</u>		
<b>5. SEX</b> <u>Fem</u>	<b>6. COLOR OR RACE</b> <u>Wh</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>married</u>	<b>8. DATE OF BIRTH</b> <u>9/16/1896</u>	<b>9. AGE</b> (In years last birthday) <u>57</u>	<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Kansas City, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>

<b>13a. FATHER'S NAME</b> <u>Thomas McGarvey</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Wells</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lapsley Wyatt,</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>489-24-1328</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Lapsley Wyatt, 4421 Chestnut</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Corrected by <u>Asst. Dir. 4/1952 B.C.</u>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>          <u>4343</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cardiac Failure</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Cardiac decompensation</u>  DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 1-14, 1954, to 1-15, 1954, that I last saw the deceased alive on 1-14, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Galen V. Pilger</u> (Degree or title)	<b>23b. ADDRESS</b> <u>507 6518 Judy Ave</u>	<b>23c. DATE SIGNED</b> <u>1-15-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>1/18/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>1-16-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John P. Sheil, K. C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. BE  
P. O. Address K.C.M.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**