

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8381

State File No. ....

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 4211 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Eagleville</u>		c. CITY OR TOWN <u>Eagleville</u> <u>0410</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u> b. (Middle) <u>LOU</u> c. (Last) <u>Wyant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>July 6, 1869</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR: Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Jander Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>William W. Wyant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bruce Wyant</u> ADDRESS <u>Eagleville, Mo</u>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination</u>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal injuries</u>		
	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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eagleville, Harrison, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-28-54 5<sup>pm</sup></u>		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 Dec 1953, to Jan 27, 1954, that I last saw the deceased alive on March 1954, and that death occurred at 5<sup>pm</sup>, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis S. Hunt MD</u>		23b. ADDRESS <u>Eagleville, Mo</u>		23c. DATE SIGNED <u>3/29/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 30, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo</u>	

DATE REC'D BY LOCAL REG. <u>April 6-1954</u>		REGISTRAR'S SIGNATURE <u>Florence C. Powell</u> <u>449-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herald W. Buggs</u> ADDRESS <u>Eagleville</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

410  
1

110

JAN 27 1955

**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 *Gerald W. Boggs*

Licensed Embalmer No. *4762*

P. O. Address *Eagleville, 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.