

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26576

State File No. ....

FILED SEP 7 1955  
BIRTH NO. 9360 57231-5 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3534

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>		
b. CITY OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY OR TOWN <b>Independence</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MENORAH MEDICAL CENTER</b>			STREET ADDRESS (If rural, give location) <b>R.F.D. 3</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>PENNY</b> b. (Middle) <b>LEE</b> c. (Last) <b>WYATT</b>			4. DATE OF DEATH (Month) <b>8</b> (Day) <b>8</b> (Year) <b>55</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>8-3-55</b>		9. AGE (In years last birthday) <b>—</b> IF UNDER 1 YEAR <b>5</b> MONTHS <b>—</b> DAYS <b>—</b> IF UNDER 24 HRS. <b>—</b> Hours <b>—</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>James R Wyatt</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy L. Wyatt</b>		14. NAME OF HUSBAND OR WIFE <b>EE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James Wyatt</b> ADDRESS <b>Independence R 3 Mo</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Parasitic Infection</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chromatium Infant</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>7562</b>
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 <b>8-3</b> , 19 <b>55</b> , to <b>8-8</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>8-8</b> , 19 <b>55</b> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert C. Jeffries</b> (Degree or title)			23b. ADDRESS <b>3114 Bank Side Plaza</b>		23c. DATE SIGNED <b>8-9-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Aug 10-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs</b>		24d. LOCATION (City, town, county) (State) <b>Blue Springs Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-11-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb Funeral Home</b> ADDRESS <b>Blue Springs Mo</b>	

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

*Handwritten mark*

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..... *R B Webb*

Licensed Embalmer No. *234*

P. O. Address *Blue Springs*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.