

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15888

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City</u> 267
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>909 E. Capitol Ave</u>		Length of stay in 1b <u>20 years</u>	d. STREET ADDRESS (If outside, give location) <u>909 E. Capitol Ave</u>
3. NAME OF DECEASED (Type or print) First <u>LUCY</u> Middle <u>WYATT</u> Last <u>WITTER</u>		4. DATE OF DEATH Month <u>May</u> Day <u>24th</u> Year <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 19th 1872</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u> Hours <u>-</u> Min. <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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>Home</u>	11. BIRTHPLACE (City and state or country) <u>Cole County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>George W. Leach</u>	
14. MOTHER'S MAIDEN NAME <u>Herdenia Wyatt</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Chester Leach 909 E. Capitol Jeff City Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiac</u> DUE TO (c) <u>vascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u> <u>15 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>Dec. 1908</u> to <u>53 May 24 1956</u> and last saw her alive on <u>572456</u> Death occurred at <u>5 20 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edward R. Bohm</u> (Degree or title)		22b. ADDRESS <u>312 Jefferson</u>	22c. DATE SIGNED <u>5-25-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 26th 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elston Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Elston, Missouri</u>
24. FUNERAL DIRECTOR <u>Tanner Service Co. Inc.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>25 May 1956</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Davis MD JR</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

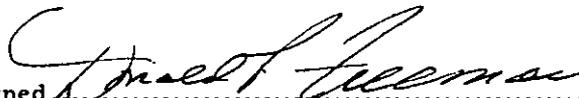
(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 
Donald P. Freeman

Licensed Embalmer No.....4

P. O. Address Jeff City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.