

No. 300
10.48

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22962
Registrar's No. 392

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5141</u>		Registrar's No. <u>392</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Oulin ^{Gill's Bluff Top}</u>		c. LENGTH OF STAY (in this place) <u>8 Years</u>		c. CITY OR TOWN <u>Oulin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>PA</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Oulin, Missouri</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 2 Oulin, Missouri</u>				
3. NAME OF DECEASED a. (First) <u>Mittie</u>			b. (Middle) <u>Lynch</u>		c. (Last) <u>Wyatt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 17' 56</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days 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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur County, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>H.J. Lynch</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Elliott</u>		14. NAME OF HUSBAND OR WIFE <u>William Henry Wyatt</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William H. Wyatt</u>		ADDRESS <u>Rt. 2 Oulin, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Serious</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		<u>794X</u>		
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 <u>Aug 1955</u> to <u>July 1956</u> , that I last saw the deceased alive on <u>July 10, 1956</u> and that death occurred at <u>8:15A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>By</u>				23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>7-12-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 14, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/20/56</u>		REGISTRAR'S SIGNATURE <u>R. H. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>		ADDRESS <u>Funeral Home C'ville, Mo.</u>		

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

Caruthersville Mo

RECEIVED
JUL 24 1956

RUTLER CO. HEALTH CENTER

FILE No. _____

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 *W. Denver Fike* _____

Licensed Embalmer No. *4480*

P. O. Address *Canthesson* _____

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.