

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9726

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 6008 Registrar's No. 82

| | | | |
|--|------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Rural-Prairie Twp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Rural-Prairie Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.W. Of Moberly | | Length of stay in 1b 4 yrs. | |
| d. STREET ADDRESS S.W. of Moberly | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Charley Middle Wayland Last Wayland | | | 4. DATE OF DEATH Month April Day 5 Year 1957 |
| 5. SEX male | 2 | 6. COLOR OR RACE negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |
| 8. DATE OF BIRTH September 21, 1885 | | 9. AGE (In years last birthday) 71 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | | 10b. KIND OF BUSINESS OR INDUSTRY farming | |
| 11. BIRTHPLACE (City and state or country) Howard County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? United States | |
| 13. FATHER'S NAME Richard Wayland | | 14. MOTHER'S MAIDEN NAME Eliza Williams | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT Herman Wayland | | Address Columbia, Missouri 19 W. Broadway, Missouri | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes - apparently heart attack after cutting wood. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4343 | | | 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 _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at Wash. Knower m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Leah R. Lowe (Degree or title) Registrar | | 22b. ADDRESS Moberly Mo. | |
| 22c. DATE SIGNED 4-5-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE April 10, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery | 23d. LOCATION (City, town, or county) (State) Roanoke, Missouri |
| 24. FUNERAL DIRECTOR Tom B. Patton ADDRESS Huntsville | | 25. DATE RECD. BY LOCAL REG. 4-8-57 | 26. REGISTRAR'S SIGNATURE Leah R. Lowe |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service
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All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Securing the medical certification in this specific manner.

APR 7 8 1969

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 *Tom B. Patton*

Licensed Embalmer No. *391*

P. O. Address *Huntsville*

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.