

health, welfare, public service, 300, 1-56, ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in Part I. NO symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012523

STATE FILE NUMBER

FILED MAR 19 1958

318

1003

2725

Registration District No. Primary Registration District No. Registrar's

1. PLACE OF DEATH a. COUNTY <i>Missouri-Pacific Employer Hosp. - Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jettie</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Jedalia</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>40 Missouri-Pacific Employer Hosp. Boone</i> Length of stay in 1b		d. STREET ADDRESS <i>700 1/2 South Ohio St.</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>John Albert Wyatt</i>		4. DATE OF DEATH Month <i>March</i> Day <i>7</i> Year <i>1958</i>	
5. SEX <i>m.</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 3 1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter - Shop Laborer Railroad</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>73 years</i> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <i>Leeton, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Alexander Wyatt</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Lowery</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>722-07-1484</i>	
17. INFORMANT <i>Mrs. Olga Wyatt (wife)</i>		Address <i>Jedalia, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cardio-vascular renal disease</i> DUE TO (c) <i>-</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>Several years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Portose embesia</i>			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.) <i>442 X</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>February 26/58</i> to <i>March 7/58</i> and last saw her alive on <i>March 7/58</i> . Death occurred at <i>4:30 P.M. March 7/58</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R.C. Treuman, M.D.</i>		22b. ADDRESS <i>1755 So. Grand Ave</i>	22c. DATE SIGNED <i>3-7-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3-10-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Jedalia, Missouri</i>
24. FUNERAL DIRECTOR <i>Edward Ewing Sedalia</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 7 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

m8B

MAR 20 1958

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 *Diane Ewing*.....

Licensed Embalmer No. *38*

P. O. Address *Seattle*

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.