

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018150

STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 259

300
-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman		Length of stay in lb 26 years	d. STREET ADDRESS (If outside, give location) 302 N. Connor		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Alden H. Wyatt			4. DATE OF DEATH Month Day Year May 6, 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 9, 1887	9. AGE (In years of birthday) 72 FINDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY Photographer	11. BIRTHPLACE (City and state or country) Albia, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Wyatt		13b. MOTHER'S MAIDEN NAME Anna Hanks		14. NAME OF HUSBAND OR WIFE Hazel Wyatt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, Unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-36-3124	17. INFORMANT Hazel Wyatt Address Joplin, 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) Respiratory failure					INTERVAL BETWEEN ONSET AND DEATH Not over 1 hr. About 10 days.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Progressive cerebral hemorrhage DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 April 27, 1959, to May 6, 1959 and last saw him alive on May 6, 1959 Death occurred at 7:05 A. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>W. H. Lankford</i>			22b. ADDRESS 410 Jackson, Joplin, Mo.		22c. DATE SIGNED 5-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		23d. LOCATION (City, town, or county) (State) Joplin, Missouri		
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 5-20-1959	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert C. Koller*

Licensed Embalmer No. *5062*

P. O. Address *Springfield, Mo.*

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.