

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27319

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4276 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>MO.</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pierce City</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>504 Walnut</u>		d. STREET ADDRESS (If rural, give location) <u>604 Walnut</u>	
3. NAME OF DECEASED a. (First) <u>Cora</u> (Type or Print)		b. (Middle) <u>Paris</u> f. (Last) <u>Wright</u>	
4. DATE OF DEATH (Month) <u>8</u> (Day) <u>20</u> (Year) <u>1949</u>		5. SEX <u>FM</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, MARRIED , DIVORCED, <u>Married</u>	
8. DATE OF BIRTH <u>6/21/74</u>		9. AGE (in years last birthday) <u>75</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	
11. BIRTHPLACE (State or foreign country) <u>Barry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Brice Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Elizabeth Frizzell</u>	
14. NAME OF HUSBAND OR WIFE <u>Dr. E. B. Wright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Wicks</u> ADDRESS <u>Pierce City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive-cardio-renal disease</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</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 20, 1949</u> , to <u>Aug 20, 1949</u> , that I last saw the deceased alive on <u>Aug 20, 1949</u> , and that death occurred at <u>11:45A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, MD</u>		23b. ADDRESS <u>Pierce City, Missouri</u>	
23c. DATE SIGNED <u>Aug 23, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B. 0191</u>	
24b. DATE <u>8/23/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Wessell</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>Aug 23-1949</u>		REGISTRAR'S SIGNATURE <u>W. J. Wessell</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1952

JUL 23 1951

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.

Signed Charles E. Schroeder

Signed _____
Student Embalmer

Licensed Embalmer No. 4241

P. O. Address Pierce City, 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 this body is not embalmed, fact should be so stated above.