

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40002**

FILED NOV 16 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6230 Registrar's No. 179

108

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

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>VERNON</b>	
b. CITY OR TOWN <b>RURAL-METZ TWP</b> c. LENGTH OF STAY (in this place) <b>10 YRS.</b>		c. CITY OR TOWN <b>RURAL-METZ-TWP.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D.#2 Rich Hill, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>2 1/2 Mi. N.W.-METZ, MO.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b> b. (Middle) <b>DINWIDDIE</b> c. (Last) <b>WRIGHT</b>			4. DATE OF DEATH <b>OCT.-31-1949</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL-11-1870</b>
9. AGE (in years last birthday) <b>79</b>		<b>6</b> Months	<b>20</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>COLUMBIA-MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ARCHIBALD DINWIDDIE</b>	
13b. MOTHER'S MAIDEN NAME <b>SARAH LANE</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH WRIGHT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. SIDNEY DAVIS</b>		ADDRESS <b>Rich Hill, Mo</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIA RENAL VASCULAR DISEASE</b> INTERVAL BETWEEN ONSET AND DEATH  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. <b>1142X</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
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 <b>OCT. 1, 1949</b> to <b>OCT. 31, 1949</b> , that I last saw the deceased alive on <b>OCT. 26, 1949</b> , and that death occurred at <b>6:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or Title) _____		23b. ADDRESS <b>[Address]</b>	
23c. DATE SIGNED <b>Nov 1, 49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>NOV-2-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RIDER</b>	
24d. LOCATION (City, town, or county) <b>VERNON COUNTY, MO.</b>		(State) _____	
DATE REC'D BY LOCAL REG. <b>Nov. 4, '49</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> 33	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Booth Funeral Serv - Rich Hill, Mo</b>	

RECEIVED

District Health Officer No

District File Number 10-49-1

Date Filed 11-15-4

FEB 1 1956

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 .....  
Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.