

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5844

State File No. \_\_\_\_\_

Registrar's No. 101

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6033

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural.</u>	
c. LENGTH OF STAY (In this place) <u>5 Months.</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles N. of Gatenwood, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles N. of Gatenwood, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Pauline</u>		b. (Middle) <u>Wright.</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1950.</u>	
5. SEX <u>Female!</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow.</u>	8. DATE OF BIRTH <u>Feb. 8, 1890.</u>
9. AGE (In years last birthday) <u>80.</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. _____	
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>Switzerland.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Yost.</u>	13b. MOTHER'S MAIDEN NAME <u>Verena Easley.</u>	14. NAME OF HUSBAND OR WIFE <u>Isaac Wright.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Mink Ponder, Mo.</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis with Hypertrophy.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis.</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 type="checkbox"/>
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) _____	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>2-10-</u> , 1950, to <u>2-28-</u> , 1950, that I last saw the deceased alive on <u>2-24-</u> , 1950, and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Adamson M.D.</u>		23b. ADDRESS <u>Danishaw, Mo.</u>	23c. DATE SIGNED <u>3-1-50.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fillmore, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>3-1-50</u>	REGISTRAR'S SIGNATURE <u>E. D. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Mearns, Doniphan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-8-50  
District Health Officer No. 5,  
District File Number 3-50-161  
Date Filed 3-10-50

VS  
JAN 2 6 1960

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 Ray Means

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.