

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9849**

FILED APR 15 1950

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **120**

0804

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (In this place) 1 mo 19 da		d. STREET ADDRESS (If rural, give location) 714 E. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) MARY ELLEN WRIGHT			4. DATE OF DEATH March 19 1950	
a. (First)	b. (Middle)	c. (Last)	Month	Day
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 1-1882	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John W. Ellyson		13b. MOTHER'S MAIDEN NAME Margaret Ellen Pryor		14. NAME OF HUSBAND OR WIFE Edward Wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (es. no. or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Edward Wright ADDRESS Sedalia	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia.		DUE TO (b) Cardio- Vascular Disease.			10 days.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Senility- Arterio-Sclerosis			Over 2 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None other.					2 years.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Medical treatment only.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	---	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		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) None.		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 **over 2 yrs 19** to **March 19th 50**, that I last saw the deceased alive on **March 19th 1950**, and that death occurred at **10.15 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jno. B. Carlisle, M.D.		23b. ADDRESS Sedalia, Missouri.		23c. DATE SIGNED 3-20-50	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-21-50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
				24d. LOCATION (City, town, or county) (State) Sedalia Mo	

DATE REC'D BY LOCAL REG. 3-21-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros ADDRESS Sedalia	
---	--	--	--	--	--

RECEIVED MAR 27

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-50

MAR 17 1950

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 KRM Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.