

FILED AUG 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. 26278

BIRTH NO. REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4083 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARROLL	
b. CITY OR TOWN DEWITT		c. CITY OR TOWN DEWITT 0170	
c. LENGTH OF STAY (in this place) 10 YEARS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) MALINOE	b. (Middle) BELLE	c. (Last) WRIGHT	4. DATE OF DEATH (Month) (Day) (Year) 8-9-1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 3-23-1866	9. AGE (In years last birthday) 84	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (State or foreign country) Boone Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U S A.
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13a. FATHER'S NAME NATHAN PERRY	13b. MOTHER'S MAIDEN NAME MARY Mc GUFFEY	14. NAME OF HUSBAND OR WIFE A.M. WRIGHT ✓
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME A.M. WRIGHT	18. ADDRESS BRUNSWICK
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio vascular disease		INTERVAL BETWEEN ONSET AND DEATH 3 years 10 days 443x
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Senile Debility Hypertension		
	DUE TO (c) Starvation		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 5, 1950** to **Aug 9th, 1950**, that I last saw the deceased alive on **Aug 9, 1950** and that death occurred at **12 A.M.**, from the causes and on the date stated above.

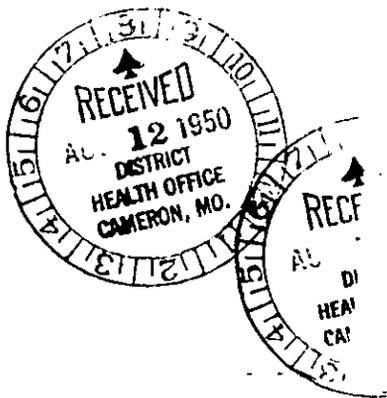
23a. SIGNATURE Flower E Rice M.D.	23b. ADDRESS Brunswick Mo	23c. DATE SIGNED 10th Aug 50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-11-1950	24c. NAME OF CEMETERY OR CREMATORY HORTON CEMETERY	24d. LOCATION (City, town, or county) (State) CARROLL Co Mo
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DATE REC'D BY LOCAL REG. Aug 10-1950	REGISTRAR'S SIGNATURE Hearl Koch 47	25. FEDERAL DIRECTOR'S SIGNATURE L. M. Macneel	ADDRESS Brunswick Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1170



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 L. M. Meersal

Licensed Embalmer No. 827

P. O. Address Brunswick, Md

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.