

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35866

219

Registrar's No.

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6085

| | | | |
|----------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Clay township | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall | |
| c. LENGTH OF STAY (to this place) 14 days | | 0972 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 10 miles east of Marshall | | d. STREET ADDRESS (If rural, give location) 6 East Eastwood | |

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|-----------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Wright c. (Last) Scott | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 6th, 1950 | | |
|-----------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------|--|--|

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|----------------------|-------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------------------|------------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH Feb. 10th, 1868 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months 8 Days 26 | IF UNDER 24 HRS. Hours 0 Mins. |
|----------------------|-------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------------------|------------------------------------------|

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|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (State or foreign country) LaBelle, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------|

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|----------------------------------------------|---------------------------------------------------------|-----------------------------|
| 13a. FATHER'S NAME James Oscar Wright | 13b. MOTHER'S MAIDEN NAME Laura Elizabeth Hinson | 14. NAME OF HUSBAND OR WIFE |
|----------------------------------------------|---------------------------------------------------------|-----------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Durrett, Marshall, Mo. | ADDRESS |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|---------|

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4201 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio-sclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **Sept. 1st, 1950, to Nov. 6, 1950**; that I last saw the deceased alive on **Nov. 6, 1950**, and that death occurred at **7 p. m.**, from the causes and on the date stated above.

| | | |
|-------------------------------------------------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE P. L. Lawless, M.D. (Degree or title) | 23b. ADDRESS Marshall, Mo. | 23c. DATE SIGNED 11-7-50 |
|-------------------------------------------------------------|-----------------------------------|---------------------------------|

| | | | |
|---------------------------------------------------------|-------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 8, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery | 24d. LOCATION (City, town, or county) (State) Arrow Rock Mo. |
|---------------------------------------------------------|-------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|

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|--------------------------------------------|--------------------------------------------|-----|-------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. Nov 8-1950 | REGISTRAR'S SIGNATURE Widney T Gray | 385 | 25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo. |
|--------------------------------------------|--------------------------------------------|-----|-------------------------------------------------------------------------------------|

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

970

RECEIVED 11-13-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-13-50

VS MAY 31 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed R.W. Campbell Jr.

Licensed Embalmer No. 34619

P. O. Address Marshall, 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.