

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37963

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 356	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Pettis		b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 209 E. Jefferson	
3. NAME OF DECEASED (Type or Print)		a. (First) Lutie		b. (Middle) Geneva		c. (Last) Wright	
4. DATE OF DEATH		(Month) Nov.		(Day) 13		(Year) 1950	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Sept. 25, 1906	
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		11. BIRTHPLACE (State or foreign country) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Stapleton		13b. MOTHER'S MAIDEN NAME Odessa Estille		14. NAME OF HUSBAND OR WIFE Thomas James Wright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Odessa Johnson-Sedalia, Mo.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral apoplexy					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Lues.					
		DUE TO (c)					
		11. OTHER SIGNIFICANT CONDITIONS				029X	
		Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia					
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 Nov 5, 1950, to Nov 13, 1950, that I last saw the deceased alive on 11-13-1950, and that death occurred at 12:25 pm, from the causes and on the date stated above.							
23a. SIGNATURE A.R. Munday M.D.				23b. ADDRESS 116 1/2 W. Main		23c. DATE SIGNED 11-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cemetery		24d. LOCATION (City, town, or county) Sedalia MO.	
DATE REC'D BY LOCAL REG. 11-15-1950		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
		J. Campbell		J. A. Alumba		Sedalia Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-20-58

DISTRICT HEALTH OFFICE NO. 3

District File Number -----

Date Filed 11-20-58 -----

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 Orrie Alexander

Signed -----
Student Embalmer

Licensed Embalmer No. 4245

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.