

FILED JAN 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40537

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 75

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| 1. PLACE OF DEATH a. COUNTY <u>Noe</u> | | 2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Noe</u> | |
| b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>West Plains</u> | | c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>West Plains</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gainesville Rt.</u> | | d. STREET ADDRESS (If rural, give location) <u>Hewitt Rd -</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Edith</u> c. (Last) <u>Wright</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-20-50</u> |
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|-----------------|---------------------------|---|------------------------------------|---|--------------------------------|---------------------------------|--------------------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>11-28-1898</u> | 9. AGE (In years last birthday) <u>51</u> | IF UNDER 1 YEAR <u>11</u> Days | IF UNDER 2 HRS. <u>24</u> Hours | IF UNDER 15 MIN. <u>1</u> Min. |
|-----------------|---------------------------|---|------------------------------------|---|--------------------------------|---------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work occupying most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 11. BIRTHPLACE (State or foreign country) <u>Olden, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Wm. Bates</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pendegro</u> | 14. NAME OF HUSBAND OR WIFE <u>Martin Wright</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Martin Wright, West Plains Mo</u> | ADDRESS <u>West Plains Mo</u> |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>260X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertensive Cardio-Renal Vascular Disease</u> | | | |

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| 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) (Min.) | 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 July 21, 1950 to Nov 20, 1950 that I last saw the deceased alive on Nov. 17, 1950, and that death occurred at 2:50 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Richard A. Smith D.O.</u> | 23b. ADDRESS <u>West Plains, Mo.</u> | 23c. DATE SIGNED <u>11-30-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-22-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valleroville A</u> | 24d. LOCATION (City, town, or county) (State) <u>Valleroville, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-28-50</u> | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | 379 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> | ADDRESS <u>West Plains Mo</u> |
|--|--|-----|---|-------------------------------|

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

460

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 137-18

Date Filed 1-4-51

JAN 8 1951

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.....

D. D. Roberts

Licensed Embalmer No. 3432

P. O. Address West Haven

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.