

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41846

BIRTH NO.		REG. DIST. NO. 390		PRIMARY REG. DIST. NO. 4442		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo 0880			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Willhalminih			b. (Middle) Wright		c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Sept 23 1879	9. AGE (In years last birthday) 71	10. MONTHS	11. DAYS	12. HOURS & MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Calloway Co.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm Breuer			13b. MOTHER'S MAIDEN NAME Dont Know		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Forest Wright		ADDRESS Higbee Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 years 20 years 4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 12-20, 1950, to 12-25, 1950, that I last saw the deceased alive on 12-25, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) V. H. Plummer 2 100			23b. ADDRESS Higbee, Mo.			23c. DATE SIGNED 12-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec 27 1950		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Higbee Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 271		25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home		ADDRESS Higbee Mo	

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

EMBALMER
JAN 1 - 1921

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

W. J. Fremont

Licensed Embalmer No.

3978

P. O. Address

Glasgow 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.