

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5078

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2801 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 30 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION 915 W. 2nd		d. STREET ADDRESS (If rural, give location) 915 W. 2nd	

3. NAME OF DECEASED (Type or Print) Ethel	a. (First)	b. (Middle)	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 6, 1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary	10b. KIND OF BUSINESS OR INDUSTRY law secretary	11. BIRTHPLACE (State or foreign country) Bentonville, Ark.	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. N. Wright	13b. MOTHER'S MAIDEN NAME Mamie Smith	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Wright 915 W. 2nd St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma left breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) The pt. was a scientist I saw her one hour before death. DUE TO (c) had no medical care		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		17. X	

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 Christina Specialist to Christina Specialist, 1951, that I last saw the deceased alive on 2-12-51, 1951, and that death occurred at 10:15A, from the causes and on the date stated above.

23a. SIGNATURE Ed E. Jones	(Degree or title) M.D.	23b. ADDRESS Joplin, Mo.	23c. DATE SIGNED 2-14-51
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24a. BURIAL CREMATION, REMOVAL (Specify) removal	24b. DATE 2-14-51	24c. NAME OF CEMETERY OR CREMATORY Bentonville Cemetery	24d. LOCATION (City, town, or county) (State) Bentonville, Ark.
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DATE REC'D BY LOCAL REG. 2-13-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.
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RECEIVED 2/19/51
Jasper County Health Office

County File Number 51-2-136

Date Filed 2/19/51

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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.