

FILED FEB 28 1951

STANDARD CERTIFICATE OF DEATH

7236
State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6141 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY **Shelby County**
b. CITY (If outside corporate limits, write RURAL and give OR TOWN **Lakenan, Rural**) c. LENGTH OF STAY (in months) **Life**
d. FULL NAME OF HOSPITAL OR INSTITUTION **None**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Shelby**
c. CITY (If outside corporate limits, write RURAL and give township) **Lakenan 2 miles north**
d. STREET ADDRESS (If rural, give location) **X**

3. NAME OF DECEASED
a. (First) **Willa** b. (Middle) **Virgie** c. (Last) **Wright**

4. DATE OF DEATH **2-18-1951**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **3-11-1894**

9. AGE (In years last birthday) **56** 11 **7** 11 **7**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House wife**

10b. KIND OF BUSINESS OR INDUSTRY **Same**

11. BIRTHPLACE (State or foreign country) **Shelby Co. Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George Rennolds**

13b. MOTHER'S MAIDEN NAME **Sarah Chapman**

14. NAME OF HUSBAND OR WIFE **Pollard Wright**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No X**

16. SOCIAL SECURITY NO. **X**

17. INFORMANT'S SIGNATURE OR NAME **Pollard Wright, Lakenan, Mo.** ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Coronary heart disease**
DUE TO (c) **Hypertensive heart disease**

INTERVAL BETWEEN ONSET AND DEATH
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Sept. 22 1950, to Feb. 18, 1951, that I last saw the deceased alive on Feb 18, 1951, and that death occurred at 2:25A, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R.A. Mikulevich D.O.**

23b. ADDRESS **Shelbina, Mo.**

23c. DATE SIGNED **2-21-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **2-21-1951**

24c. NAME OF CEMETERY OR CREMATORY **Shelbina Cemetery**

24d. LOCATION (City, town, or county) (State) **Shelbina, Mo.**

DATE REC'D BY LOCAL REG. **2-23-51**

REGISTRAR'S SIGNATURE **Ada Garrison**

25. FUNERAL DIRECTOR'S SIGNATURE **Barkelaw-Hawkins, Shelbina, Mo.** ADDRESS

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

020

Date Received: FEB 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-452
Date Filed: FEB 26 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 EW Hawkins.....

Licensed Embalmer No. 3498.....

P. O. Address St Albans Me.....

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.