

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1080
State File No. 11896

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FILED MAY 7 1951

BIRTH NO. 209165-57 REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Cadiz</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>El Dorado Springs</u>		c. CITY OR TOWN <u>Rural Char Creek Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chamberlain Emergency Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>El Dorado Springs, Mo., R.R.D. #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLYN</u> b. (Middle) <u>ANN</u> c. (Last) <u>WRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>APR 22, 1951</u>
9. AGE (In years last birthday) <u>1</u> Months <u>1</u> Days <u>20</u>		10. BIRTHPLACE (State or foreign country) <u>El Dorado Springs, Mo.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred S. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Eunice Verie Dagg</u>	
14. NAME OF HUSBAND OR WIFE <u>F. E. Dagg</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>F. E. Dagg</u> ADDRESS <u>El Dorado Springs, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 HOURS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity - Anoxemia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7625	
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) (Min.)	
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 <u>4-22-1951</u> , to <u>4-22-1951</u> , that I last saw the deceased alive on <u>4-22-1951</u> , and that death occurred at <u>5:00 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. Jack Drake, D.O.</u> (Degree or title)		23b. ADDRESS <u>El Dorado Springs, Mo.</u>	
23c. DATE SIGNED <u>4-22-51</u>		24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	
24b. DATE <u>4-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deerpark</u>	
24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred W. Hays</u> ADDRESS <u>Nevada, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 16 22 1951</u>		REGISTRAR'S SIGNATURE <u>Herbert Thompson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED APR 30 1951

Dist. File 437-977

Date Filed 4-30-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Allen T. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.