

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29422

State File No. ....

FILED SEP 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Butler</u>	c. LENGTH OF STAY (In this place) <u>3 hrs.</u>	c. CITY OR TOWN <u>Rural-Mt. Pleasant</u>	d. STREET ADDRESS (If rural, give location) <u>R.F.D. 4</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Joan</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-9-51</u>		
---	--	--	---	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify): <u>never married</u>	8. DATE OF BIRTH <u>Aug. 21, 1941</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u>	IF UNDER 4 HRS. Hours <u></u> Mins. <u></u>
-----------------	---------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Joe R. Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Warren</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Wright</u> ADDRESS <u>Butler, Missouri</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>Commenced disease</u>  ANTECEDENT CAUSES <u>fracture - fracture Rt. elbow &amp; left lower leg.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Internal hemorrhage.</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
---	---	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>916.4 to 1007</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>new way</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler Bates MO</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-9-51 12</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>New way</u>
--	---	---

22. I hereby certify that I attended the deceased from 9-9-51 to 9-9-51, that I last saw the deceased alive on 9-9-51, and that death occurred at 2P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carter W. Luter M.D.</u>	23b. ADDRESS <u>Butler Mo</u>	23c. DATE SIGNED <u>9-15-51</u>
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Sept 15-51</u>	REGISTRAR'S SIGNATURE <u>Randall Kury</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u> ADDRESS <u>Butler Mo.</u>
--	---	--

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

RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-17-51 \_\_\_\_\_

DEC 4 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Robert D. Steinbach

Licensed Embalmer No. 4657

P. O. Address Buller, Ms.

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.