

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

Sa 36100

State File No.

No. 300
10.48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 9 1951

BIRTH NO. _____		REG. DIST. NO. <u>331</u>		PRIMARY REG. DIST. NO. <u>6113</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (In this place) <u>40 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		<u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BENTON RD #1</u>				d. STREET ADDRESS (If rural, give location) <u>BENTON RD #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>WRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10/31-1951</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 12, 1879</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>in home</u>		11. BIRTHPLACE (State or foreign country) <u>Humphries Co., Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>DAVID CUFF</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE MAYBERRY</u>		14. NAME OF HUSBAND OR WIFE <u>SIM R. WRIGHT</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>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James R Wright Benton Mo Rd #1</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic's Compensates</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> 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 <u>1 Month</u> <u>10 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		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>Jan 1</u> , 19 <u>42</u> , to <u>10-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-31</u> , 19 <u>51</u> , and that death occurred at <u>1:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. M. Harro, M.D.</u>				23b. ADDRESS <u>Morehouse, Mo.</u>		23c. DATE SIGNED <u>11-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIEND</u>		24d. LOCATION (City, town, or county) (State) <u>ORAN MO</u>	
DATE REC'D BY LOCAL REG. <u>11-6-51</u>		REGISTRAR'S SIGNATURE <u>Miss Eddee Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welch Funeral Home - Benton Mo.</u>			

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SCOTT COUNTY HEALTH CEN
CO. FILE NO. 1151-

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Stanton 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.