

WED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40845

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY <u>Callaway, 0147</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico, 0043</u>	
c. LENGTH OF STAY (In this place) <u>74-8m-6m</u>		d. STREET ADDRESS (If rural, give location) <u>91. Railroad St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>	b. (Middle)	c. (Last) <u>BRIGHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15 1951</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>N.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married (separated)</u>	8. DATE OF BIRTH <u>D.K.</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perry, Mo. D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>D.K.</u>	13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	14. NAME OF HUSBAND OR WIFE <u>D.K.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records, Fulton, Mo.</u>	ADDRESS
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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) <u>Generalized carcinomatosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary carcinoma of stomach.</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 checked="" 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? <u>151X</u>
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22. I hereby certify that I attended the deceased from Nov. 10, 1951, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.P. Price M.D. by A.F. Foyokid.</u>	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>12-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp.</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 22-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	FUNERAL DIRECTOR'S SIGNATURE <u>E.C. Weeks</u>	ADDRESS <u>Fulton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE NO. 4

DEC 27 1951

RECEIVED

DEC 27 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 _____

Licensed Embalmer No.

P. O. Address _____

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.