

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

FILED JAN 22 1952

BIRTH NO. _____		REG. DIST. NO. <b>64</b>		PRIMARY REG. DIST. NO. <b>4110</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Chariton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Salisbury</b>		c. LENGTH OF STAY (in this place) <b>all</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Salisbury</b>		<b>0210</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>302 East Second</b>				d. STREET ADDRESS (If rural, give location) <b>302 East Second</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MARY</b>		b. (Middle) <b>Ellett</b>		c. (Last) <b>Wright</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<b>1</b>		<b>8</b>		<b>1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug 30 - 1861</b>	
9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months <b>4</b>		IF UNDER 24 HRS. Hours <b>8</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (State or foreign country) <b>Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward Williams</b>			13b. MOTHER'S MAIDEN NAME <b>-</b>		14. NAME OF HUSBAND OR WIFE <b>Tudor Columbus Wright</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Willie Herring Salisbury</b>			
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) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral sclerosis</b> DUE TO (c) <b>generalized arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>  <b>2 yrs</b>  <b>10 yrs.</b>	
19a. DATE OF OPERATION <b>-</b>		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		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) m. <b>-</b>		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 <b>Aug 16, 1949</b> to <b>Jan 8, 1952</b> , that I last saw the deceased alive on <b>January 6, 1952</b> , and that death occurred at <b>9:05 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>O L L Harms</b>				23b. ADDRESS <b>Salisbury Mo</b>		23c. DATE SIGNED <b>1-14-52</b>	
24a. BURIAL, CREMATION, OR REMOVAL TO (Specify)		24b. DATE <b>1-10-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salisbury</b>		24d. LOCATION (City, town, or county) (State) <b>Salisbury Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-13-52</b>		REGISTRAR'S SIGNATURE <b>W W Hawkes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Winkelmeier</b>		ADDRESS <b>Furn Co</b>	

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

210

**MUST BE SIGNED**

**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..... *Chas B Winkelmeyer*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Md*

**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.