

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7014**

FILED MAR 6 1952

BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **6149** Registrar's No. **3**

1030

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

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek		1030
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) Puxico Mo R2		
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) Wray	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Feb 10 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 24 1912	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 6 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Puxico Mo 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John J. Wright		13b. MOTHER'S MAIDEN NAME Mollie Hicks		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Grah Oliver		ADDRESS Puxico Mo.	
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) Uterine Carcinoma				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 174X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Dec 29, 1951 , to Feb 10, 1952 , that I last saw the deceased alive on Feb 29, 1952 , and that death occurred at 6:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE H. Greening			23b. ADDRESS Puxico Mo	23c. DATE SIGNED 2/12/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 12 1952	24c. NAME OF CEMETERY OR CREMATORY. Puxico	24d. LOCATION (City, town, or county) (State) Puxico Mo		
DATE REC'D BY LOCAL REG. 2-12-52	REGISTRAR'S SIGNATURE Blair Morgan		25. FUNERAL DIRECTOR'S SIGNATURE Howard Morgan	ADDRESS Puxico Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

William H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *William H. Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.