

FILED MAR 31 1952

STANDARD CERTIFICATE OF DEATH

State File No. **8218**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Navarro</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Navarro</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (If this place) <u>1 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret E.</u> b. (Middle) <u>Wright</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-29-52</u>		
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5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		8. DATE OF BIRTH <u>2-13-1868</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Month Days Hours		IF UNDER 24 HRS. Hours 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>Athens, Georgia</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
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13a. FATHER'S NAME <u>Geo Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Armanda Appley</u>			14. NAME OF HUSBAND OR WIFE <u>W. J. Wright</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Wright, West Plains, Mo</u>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Thrombosis</u>		DUPLICATE		DUPLICATE		<u>5 days</u>	
		ANTECEDENT CAUSES		DUPLICATE		DUPLICATE		<u>15 yrs</u>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE		DUPLICATE			
		DUPLICATE		DUPLICATE		DUPLICATE			
		II. OTHER SIGNIFICANT CONDITIONS -		DUPLICATE		DUPLICATE			
		Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE		DUPLICATE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 9-14, 1950, to 2-29, 1952, that I last saw the deceased alive on 2-15, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Callahan M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains</u>		23c. DATE SIGNED <u>3/7/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3-24-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert</u>		ADDRESS <u>West Plains, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

A. D. Roberts

Licensed Embalmer No.

3437

P. O. Address

West Plains, 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.