

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26804**
 Registrar's No. **1826**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 1826	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Okl. b. COUNTY Creek			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Kinloch, Park MO.		c. LENGTH OF STAY (In this place) 4 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slick			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home / 1152 Hugo St.				d. STREET ADDRESS (If rural, give location) U.S. Postoffice			
3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) _____ c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) 7-1-52				
5. SEX F.		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowe		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) 96		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Unknown	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown.		13b. MOTHER'S MAIDEN NAME Unknown.		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE AND NAME ADDRESS Beverly Anthony 1152 Hugo St.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Indimities of age MEDICAL CERTIFICATION Chronic photo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Several days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 6-18-1952 to July 1, 1952 , that I last saw the deceased alive on 6-18, 1952 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE M. Discey (Degree or title)				23b. ADDRESS 634 Casswood Hill Park		23c. DATE SIGNED 7-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/6/52		24c. NAME OF CEMETERY OR CREMATORY Slick Okla.		24d. LOCATION (City, town, or county) (State) Bristow Okla.	
DATE REC'D BY LOCAL REG. 7-4-52		REGISTRAR'S SIGNATURE Herkert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dozier Fun. Home, 622 Etzel St			

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

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 *Leffie E. Croser*

Licensed Embalmer No. *4600*

P. O. Address *4648 St. Ferdinand*

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.