

FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34734
Registrar's No. 939A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 50 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1027 North Brown Street		d. STREET ADDRESS (If rural, give location) 1027 North Brown Street	
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) (none)	
		c. (Last) WRIGHT	
		4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1952	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 1, 1870	
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR 10 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Sarcoxie, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Wright		13b. MOTHER'S MAIDEN NAME Susan Cunningham	
14. NAME OF HUSBAND OR WIFE George Wright			
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 Mrs. George W. Wright		ADDRESS Cushing, Okla	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) GENERALIZED ARTERIOSCLEROSIS		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIOSCLEROSIS	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 7	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____	
		DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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 Oct. 10, 1952 , to Oct. 17, 1952 , that I last saw the deceased alive on Oct. 17, 1952 , and that death occurred at 4:50 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Edward Marcus (Degree or title) M.D.		23b. ADDRESS Springfield, Missouri	
23c. DATE SIGNED 10/18/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-20-52	
24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 10-20-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar	
25. FUNERAL DIRECTOR'S SIGNATURE AYRE-GOODWIN FUN'L SERVICE, Spngfld,		ADDRESS Mo.,	

AYRE-GOODWIN FUNERAL SERVICE
 623 West Walnut
 SPRINGFIELD, MISSOURI
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0611 211 1971

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. 4 5 9 4

P. O. Address Springfield, Missouri

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.