

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43068**

43068

FILED JAN 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **4410** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James Mo.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steelville 02811		d. STREET ADDRESS (If rural, give location) /
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Gladine b. (Middle) Louise c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) 12 25 52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 15, 1923	9. AGE (In years last birthday) 29	% UNDER 1 YEAR 8 % UNDER 1 MONTH 10 % UNDER 1 HOUR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Fairland, Okla.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME L.A. Wright		13b. MOTHER'S MAIDEN NAME Flossie Perkins		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. & Mrs. L.A. Wright Steelville	
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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension since birth 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		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) 7544	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12-25, 1952 , to 12-25, 1952 , that I last saw the deceased alive on 12-25, 1952 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C.V. Hammer, M.D.			23b. ADDRESS St. James, Mo		23c. DATE SIGNED 12-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-28-52	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Steelville Mo
DATE REC'D BY LOCAL REG. 1-2-1953		REGISTRAR'S SIGNATURE Ruth B. Powell 479		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jonas Funeral Home Steelville Mo.	

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

2810

0
0

County File Number _____

Date Filed 1-5-53

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 _____

Harry M. Jones

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Stubbins, 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.