

No. 300
10. 48

44359

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 7 - 1953

93

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

BIRTH NO.		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>92</u>		
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>			c. LENGTH OF STAY (In this place) <u>lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>			<u>1990</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Laura</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Wright</u>		
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>20,</u>		(Year) <u>1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 9, 1880</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Shapleigh Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Zarener Wyatt</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Wright</u>		ADDRESS <u>Warrenton, Mo.</u>		
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck and Spine</u>				DUE TO (b) <u>Result of Coronary Fungus</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Being accidentally struck by a car driven by Clyde Reynolds, White, under influence of liquor</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>E 8124-25</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(while walking on shoulder of H-47)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Warrenton, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Warrenton</u> (COUNTY) <u>Warren</u> (STATE) <u>Mo</u>				
21d. TIME OF INJURY (Month) <u>Dec</u> (Day) <u>20</u> (Year) <u>1952</u> (Hour) <u>8:50</u> (m.) <u>P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by car, while walking</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. E. H. Knigge</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>509 C. Main Warrenton Mo.</u>		23c. DATE SIGNED <u>Dec. 23</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/23, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-24-52</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Mary Workville</u>		ADDRESS <u>Warrenton, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1953

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. 2461

working under my personal supervision.

Student
Student Embalmer

Signed Marie M. Muehlenberg

Licensed Embalmer No. 2461

P. O. Address Wentzville

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.