

STANDARD CERTIFICATE OF DEATH

29570

State File No. _____

FILED SEP 10 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pella</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Phelps Spring Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>Duke 10810 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LENORA</u> b. (Middle) <u>E.</u> c. (Last) <u>WRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Aug 8 1872</u>		9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>1</u> DAYS <u>2</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton Mo 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Frank B. Nordyke</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Edward W Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>T. M. Wright</u> ADDRESS	

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) <u>Cardiac Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2</u> <u>history</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u>		
	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>593X</u>		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) <u>NO</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>none</u>	
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22. I hereby certify that I attended the deceased from Aug 28, 1953 to Aug 30, 1953 that I last saw the deceased alive on Aug 30, 1953 and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Brewer M.D.</u> (Degree or title)		23b. ADDRESS <u>Newburg Mo</u>		23c. DATE SIGNED <u>8/31/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 31-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Balk Sec Trenton</u>	
24d. LOCATION (City, town, or county) (State) <u>Trenton MO</u>					

DATE REC'D BY LOCAL REG. <u>Sept. 1, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> ADDRESS <u>Newburg Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

Phelps County Health Officer,

County File Number

Date Filed

9-9-53

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

Student Embalmer No.

~~working under my personal supervision.~~

Student
Student Embalmer

Signed *Lee Huson*

Licensed Embalmer No. *3392*

P. O. Address *Newburg 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.