

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35646

State File No.

FILED NOV 9 - 1953

BIRTH NO. ... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1008

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Folk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Aldrich</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warnick Nursing Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>T.</u> c. (Last) <u>WRIGHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 - 1953</u>
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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>November 20, 1869</u>	9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Aldrich - Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Chester Kirby</u>	13b. MOTHER'S MAIDEN NAME <u>Mattha Speight</u>	14. NAME OF HUSBAND OR WIFE <u>Epe Marion Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OF NAME <u>Adrian Wright</u>	ADDRESS <u>Springfield - Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hypertensive Cardiovascular Disease</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured L. Hip 2 years</u>		
	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 <u>443 X F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute)	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 Sept 4, 1953, to Nov 5, 1953, that I last saw the deceased alive on Oct 6, 1953, and that death occurred at 6:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. K. Pope M.D.</u>	23b. ADDRESS <u>Springfield - Mo</u>	23c. DATE SIGNED <u>11-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 7 - 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Aldrich - Mo</u>
DATE REC'D BY LOCAL REG. <u>11-7-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brim - Daniel - Walnut Drive - Mo</u>	

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

Wayne L. Lueder

Licensed Embalmer No. _____

4702

P. O. Address _____

Act. Grove, 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.