

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1953

State File No. 36546

5767

Registrar's No. 370

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 209		Registrar's No. 370	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Ely		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Ely		0640	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Hannibal, Mo.				d. STREET ADDRESS (If rural, give location) RFD Hannibal, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Kathryn		c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) Oct. 23 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4 April 1875	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James M. Baker		13b. MOTHER'S MAIDEN NAME Laura Higbee		14. NAME OF HUSBAND OR WIFE E.F. Wright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Baker Wright, Philadelphia, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 Day.	
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)		4201	
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 22, 1953, to Oct 23, 1953, that I last saw the deceased alive on Oct 23, 1953, and that death occurred at 6:30p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. Lee M.D.		23b. ADDRESS 230 Palmyra Mo.				23c. DATE SIGNED 10/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 26 Oct. 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Palmyra, Missouri	
DATE REC'D BY LOCAL REG. 10-29-53		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lewis Brothers - Palmyra, Mo.			

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

RECEIVED

NOV 4 1953

MARION CO. HEALTH DEPT.

DATE FILED NOV 4 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. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Geoff Lewis

Licensed Embalmer No.

2987

P. O. Address

Parsons - 74

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.