

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7592**

FILED MAR 2 1954

| | | | | | | | |
|--|--|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 374 | | PRIMARY REG. DIST. NO. 4347 | | Registrar's No. 10 | |
| 1. PLACE OF DEATH a. COUNTY Worth | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Pottawatomie | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City | | | c. LENGTH OF STAY (In this place) 10 months | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shawnee | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Ella | | b. (Middle) C. | | c. (Last) Wright | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 4. DATE OF DEATH (Month) (Day) (Year) February 20, 1954 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 8. DATE OF BIRTH July 30, 1867 | | 9. AGE (In years last birthday) 86 | |
| 11. BIRTHPLACE (City and State or Foreign Country) Barnard, Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | IF UNDER 1 YEAR: Months Days Hours Mins. | |
| 13a. FATHER'S NAME John W. Baker | | 13b. MOTHER'S MAIDEN NAME Sally A. Motherly | | 14. NAME OF HUSBAND OR WIFE W. A. Wright, Deceased | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. C. E. Pray ADDRESS Grant City, Missouri | | | |
| 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) Medullary failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral accidents DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dysphagia, pneumonia & debility | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days last 4 months | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331 X | | | | 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) m. | | 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 May 27, 1953 , to FEB 20, 1954 , that I last saw the deceased alive on FEB 20, 1954 , and that death occurred at 10:45 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Richard J. Smith (Degree or title) Dr. | | 23b. ADDRESS Grant City, Mo | | 23c. DATE SIGNED 2-24-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-22-1954 | | 24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery | | 24d. LOCATION (City, town, or county) (State) Grant City, Missouri | |
| DATE REC'D BY LOCAL REG. Feb 25, 1954 | | REGISTRAR'S SIGNATURE John E. Dawson | | 25. FUNERAL DIRECTOR'S SIGNATURE Bill A. Dunfee ADDRESS Grant City, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Bill A. Dunfee

Licensed Embalmer No.

4908

P. O. Address

Grant City 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.