No. 300
10-48

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26507

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 306

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1004 Maple St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Alena
b. (Middle): A.
c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): August 8 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10, 1926
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Everett Margrabe
13b. MOTHER'S MAIDEN NAME: Leona Ourth
14. NAME OF HUSBAND OR WIFE: William 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.: 493-26-9453
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: William Wright, Cape Girardeau 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ABdominal PReGnancy — INTERVAL BETWEEN ONSET AND DEATH: 8 MO.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): RuptuRed uteRus — 7 MO.
DUE TO (c): WeAK SCAR FROM FORMER CAeseREAN Section.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: TRANS FUSION REACTION — 8 HOURS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: ABdominAL PReGnancy placenta AHAched TO ~~uterus~~ intestines RuptuRed uteRus in SCAR OF old CAeseREAN Section
20. AUTOPSY? YES ☐ NO ☒

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): 6450

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 19 54, *to* aug 8, 19 54, *that I last saw the deceased alive on* aug 8, 19 54 *and that death occurred at* 7 50 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward D Campbell MD
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: aug 10, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 11-1954
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG.: 8-12-54
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [signature] Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed L. L. Hanson.....

Licensed Embalmer No 2863

P. O. Address Cape Girardo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.