

FILED OCT. 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30106

State File No. 59

BIRTH NO.		REG. DIST. NO. 15	PRIMARY REG. DIST. NO. 8015	Registrar's No. 59
1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLINTON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. LENGTH OF STAY (In this place) 17 YRS.	c. CITY OR TOWN CAMERON	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 319 W. 5th St.		
3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) ELLEN c. (Last) WRIGHT.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24. 54.		
5. SEX Female	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec. 14. 1870	9. AGE (In years) (Month) (Day) (Hour) (Min.) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) CHERRY BOX - MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph BYARS		13b. MOTHER'S MAIDEN NAME Tuggle	14. NAME OF HUSBAND OR WIFE William G. WRIGHT Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Wamsley Cameron, MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis 15 yrs 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. 4221			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)	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 5-25, 1954, to 9-23, 1954, that I last saw the deceased alive on August 29, 1954, and that death occurred at 10:05 p.m., from the causes and on the date stated above.				
23a. SIGNATURE St. Wetherston		23b. ADDRESS MO Cameron Mo		23c. DATE SIGNED 9-27-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-28-54	24c. NAME OF CEMETERY OR CREMATORY SHELBINA CEMETERY	24d. LOCATION (City, town, or county) (State) MO	
DATE REC'D BY LOCAL REG. 9-28-54	REGISTRAR'S SIGNATURE Wmifred W. Moser	390-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeMoss CRUNK CAMERON MO	

(Licensed Embalmer's Statement on Reverse Side)

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

1956 OCT 100

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
Signature of Student Embalmer

Signed *Le Mas Chev*

Licensed Embalmer No. *258*

P. O. Address *Barnum*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.