No. 300
10.48

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34933

BIRTH NO. ______ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richland, Missouri
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pulaski
c. CITY OR TOWN Richland, Mo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) None

0850

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Rosella c. (Last) Wrinkle
4. DATE OF DEATH (Month) Oct. (Day) 11, (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH March 14, 1873
9. AGE (In years last birthday) 81; IF UNDER 1 YEAR Months 6 Days 27; 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 None
11. BIRTHPLACE (City and State or Foreign Country) Laclede County Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George William Davis
13b. MOTHER'S MAIDEN NAME Nancy Ann Simpson
14. NAME OF HUSBAND OR WIFE Jake N. Wrinkle
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 Flora Brock ADDRESS Richland, Missouri

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular
DUE TO (c) Old age
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 [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1 *19*54 *to* Oct 11, *19*54, *that I last saw the deceased alive on* Oct 11, *19*54, *and that death occurred at* 6:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE L. L. Myers (Degree or title) D.O.
23b. ADDRESS Richland, Missouri
23c. DATE SIGNED Oct/12/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 13/54
24c. NAME OF CEMETERY OR CREMATORY OakLawn Cemetery
24d. LOCATION (City, town, or county) (State) Richland, Missouri

DATE REC'D BY LOCAL REG. 10-12-54
REGISTRAR'S SIGNATURE Carla Joy Anderson
458
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Richland Mo
Hedges Funeral Home Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 10-14-54
File Number
Pulaski County Health Officer
RECEIVED
10/14-54
NOV 24 1954
OCT 8

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 Clarence Enoss

Licensed Embalmer No. 48

P. O. Address Waynesv

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.