

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Savannah</b>		c. CITY OR TOWN <b>Savannah</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 years</b>		e. STREET ADDRESS (If rural, give location) <b>1009 Luella Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1009 Luella Ave.</b>		f. STREET ADDRESS <b>1009 Luella Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Ida Wright</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>January 3, 1955</b>	(Month)	(Day)	(Year)
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 11, 1861</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>San Antonio, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John Simmon</b>	13b. MOTHER'S MAIDEN NAME <b>Charlotte Boyer</b>	14. NAME OF HUSBAND OR WIFE <b>Oliver</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. E. Sims</b>	ADDRESS <b>1009 Luella Ave. Savannah, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive heart disease</b>		<b>3 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b>		<b>5 yrs.</b>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>osteoarthritis</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-1, 1954, to Jan 3, 1955; that I last saw the deceased alive on Jan 3, 1955, and that death occurred at 12:10a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Warren C. Baker</b>	23b. ADDRESS <b>Savannah, Mo.</b>	23c. DATE SIGNED <b>1-5-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1/5/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Star Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Union Star, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-5-55</b>	REGISTRAR'S SIGNATURE <b>William Sparks</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Newton Bowman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... Eugene Wood

Licensed Embalmer No. 3809

P. O. Address 39 So 10th St

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.