

FILED JUN 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19461

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <i>Miller</i>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miller</i>	
b. CITY OR TOWN <i>Cedron</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Cedron</i>	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 <i>W. 14th St.</i>		e. STREET ADDRESS (If rural, give location) <i>W. 14th St. 06610</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>MALINDA</i>	b. (Middle) <i>-</i>	c. (Last) <i>WRIGHT</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 20, 1955</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 25, 1986</i>	9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Miller Co., Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Eugene Mathews</i>	13b. MOTHER'S MAIDEN NAME <i>Malinda Davern</i>	14. NAME OF HUSBAND OR WIFE <i>James Wright</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>James Wright</i>	ADDRESS <i>Cedron</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i> <i>year</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>332X</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *7:45 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>M. F. Humphrey D.O.</i> (Degree or title)	23b. ADDRESS <i>Fussumbia, Mo.</i>	23c. DATE SIGNED <i>6-21-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 19, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Freedom</i>	24d. LOCATION (City, town, or county) (State) <i>Lynn Creek, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>June 22, 55</i>	REGISTRAR'S SIGNATURE <i>Alveretta Waltz</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Louis H. Phillips</i>	ADDRESS <i>Cedron</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EMBALMERS
JUN 28 1910
MILWAUKEE SOCIETY OF
EMBALMERS

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 *[Handwritten Signature]*
Licensed Embalmer No.

P. O. Address.....

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.