

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15963

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Kennett	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hospital		Length of stay in lb 10 Days	
d. STREET ADDRESS 209 Hopper		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Jane Wright		4. DATE OF DEATH Month May Day 31 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25-1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shirt Factory		10b. KIND OF BUSINESS OR INDUSTRY Shirts Mfg. Lewisville ILL.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Willis		14. MOTHER'S MAIDEN NAME Mary Elizabeth Perrydon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. XX		16. SOCIAL SECURITY NO. 486-16-7990	
17. INFORMANT Etta Gordan		Address Kennett Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular disease			unknown.
DUE TO (c) Pyelitis, acute.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 44.3X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 7.30P Month 5 Day 31 Year 56			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Kennett		COUNTY Dunklin STATE Mo.	
21. I attended the deceased from 5-21-56 to 5-31-56 and last saw her alive on 5-31-56 . Death occurred at 7.30P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James J. Juggell M.D.		22b. ADDRESS Kennett Mo.	
22c. DATE SIGNED 6-5-56.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-2-56	
23c. NAME OF CEMETERY OR CREMATORY Gregory Cemetery		23d. LOCATION (City, town, or county) (State) Kennett Mo.	
24. FUNERAL DIRECTOR Lentz Service		ADDRESS Kennett Mo.	
25. DATE RECD. BY LOCAL REG. 6-7-1956		26. REGISTRAR'S SIGNATURE Carl Hushan	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUN
DEPARTMENT 6-
COUNTY FILE NUMBER 6.8

9561 8 7097

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edgar Lee Ford*

Licensed Embalmer No. 4

P. O. Address *Kenne*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.