

FILED MAY 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 15964

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 W. HOWARD		c. LENGTH OF STAY (in this place) 25 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 W. HOWARD		d. STREET ADDRESS (If rural, give location) 209 W. HOWARD	

3. NAME OF DECEASED (Type or Print) ALPHA RETTA WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 1, 1880	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) VAN BUREN, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ISAAC HICKERSON		13b. MOTHER'S MAIDEN NAME SARAH E. EVANS		14. NAME OF HUSBAND OR WIFE MITCHELL WRIGHT	
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 ADDRESS JAMES WRIGHT, MALDEN, Mo.	

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, asthma, 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) Bronchopneumonia		ANTECEDENT CAUSES		16 hours	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Hemorrhage		9 days	
		DUE TO (c) Hypertension		5 years	
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 331x		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) (Min.)		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 11 May 1956 to 19 May 1956 that I last saw the deceased alive on 19 May, 1956, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Charles S. Williams M. D.		23b. ADDRESS MALDEN, Mo.		23c. DATE SIGNED 21 May 56	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 5-21-56		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) MALDEN, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE DAY FUNERAL HOME, MALDEN, Mo.		ADDRESS	
DATE REC'D BY LOCAL REG. 5-22-56		REGISTRAR'S SIGNATURE J. J. Schuman			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-29-5

COUNTY FILE NUMBER 556-

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
Student Embalmer

Signed J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.