

FILED OCT 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

36763

Registration District No. 347 Primary Registration District No. 6165 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hurley Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Billings, Rt.#1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Billings, Rt.#1		Length of stay in lb 88 Years		d. STREET ADDRESS (If outside, give location) Hurley Twsp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SARAH Middle ELIZABETH Last WRIGHT				4. DATE OF DEATH Month Oct. Day 8, Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Stone Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jimmy Flood				14. MOTHER'S MAIDEN NAME Lottie Cox			
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 Address Mrs. Vada Rhodes, Rt. 1, Billings, 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) Terminal anemia - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fall at home on Sept 31-1956 DUE TO (c) Crani fracture of left humerus and skull PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 2 days	
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.) 21					
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
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 109		COUNTY STATE	
21. I attended the deceased from 1939 to Oct 8-1956 and last saw her alive on Oct 4-1956 Death occurred at 9:11 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) A. P. Caplan M.D.				22b. ADDRESS Amway, Mo		22c. DATE SIGNED 10-10-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-11-1956	23c. NAME OF CEMETERY OR CREMATORY Wright's Chapel Cem.		23d. LOCATION (City, town, or county) (State) Stone Co., Missouri		
24. FUNERAL DIRECTOR Walter Harris		ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 24-56		26. REGISTRAR'S SIGNATURE Mrs. J. Elmer Bussan Madeline Murray	

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Dean Harris

Licensed Embalmer No. *43*

P. O. Address.....
Cleveland

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.