THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37041
STATE FILE NUMBER

FILED DEC 10 1956

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 385

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hosptial — Length of stay in 1b 8 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia 0103 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1409 University — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MARIANNA Middle — Last WRIGHT

4. DATE OF DEATH Month Dec. Day 7 Year 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Sept. 6, 1888

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Troy, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Herman Carl

14. MOTHER'S MAIDEN NAME Catherine (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ——

16. SOCIAL SECURITY NO. —

17. INFORMANT Address 1409 University
Bert C. Wright, Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-5-52 to 12-7-56 and last saw her alive on 12-7-56
Death occurred at 4:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles M. Lunke, MD.

22b. ADDRESS Columbia, Missouri

22c. DATE SIGNED 12-8-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 12-10-1956

23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. Dec 8 1956

26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 4 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J W Phillips

Licensed Embalmer No. 48

P. O. Address Columbus

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.