

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36994

FILED OCT 21 1957

State File No. _____
Registrar's No. **238**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH a. COUNTY Randolph b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly c. LENGTH OF STAY (in this place) 20 hrs d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodland Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury d. STREET ADDRESS (If rural, give location) 402 N. Grand Ave.	
--	--	---	--

3. NAME OF DECEASED (Type or Print) a. (First) Arzella b. (Middle) ----- c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1957	
--	--	--	---	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 24 HRS. Hours 20 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 Home	11. BIRTHPLACE (City and State or Foreign Country) Atlanta, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME Henry Epperson	13b. MOTHER'S MAIDEN NAME Julia Ann Riley	14. NAME OF HUSBAND OR WIFE George Thomas 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 George T. Wright Salisbury, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 week unknown
--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	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)	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 Oct 4, 1957, to Oct 5, 1957, that I last saw the deceased alive on Oct 4, 1957, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence Lohse M.D.	23b. ADDRESS Moberly Mo	23c. DATE SIGNED Oct 7 57
---	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/7/57	24c. NAME OF CEMETERY OR CREMATORY Old Prairie Hill Cem.	24d. LOCATION (City, town, or county) (State) Prairie Hill, Mo.
---	------------------------------------	---	--

DATE REC'D BY LOCAL REG. 10/7/57	REGISTRAR'S SIGNATURE Heather Lohse	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clas B. Winkelman Salisbury, Mo.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

007 21 1957

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

Chas B. Wilhelmeyer

Licensed Embalmer No.

38420

P. O. Address

Salisbury, Mo

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

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