

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39007

STATE FILE NUMBER

FILED OCT 24 1957 Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANsfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MANsfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL-OR- INSTITUTION MANsfield Hosp.			Length of stay in 1b 24 YRS.	d. STREET- ADDRESS (If outside, give location) ... Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) URSULA MAY GRAY				4. DATE OF DEATH Oct. 13 1957			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 18, 1880		9. AGE (In years last birthday) 77	
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) Norwood Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Mitchell				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address MARY BRUNNER Mansfield 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) Carcinoma Lung							INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							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 Month, Day, Year a. m. 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		COUNTY STATE	
21. I attended the deceased from July 16-1957 to Oct 12-1957 and last saw her alive on Oct 13-1957 Death occurred at 10:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. G. Zimmerman (Degree or title)				22b. ADDRESS Mo. 2 Mansfield Mo		22c. DATE SIGNED 10/16/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 15-57	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK		23d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.		
24. FUNERAL DIRECTOR Max & Miller			ADDRESS Mansfield		25. DATE RECD. BY LOCAL REG. 10/19/57		26. REGISTRAR'S SIGNATURE [Signature]

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.

WRIGHT CO. HEALTH DEPT.
County File Number 1059-117
Date Filed 10-20-57

1059-117

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 Max G Miller

Licensed Embalmer No. 472

P. O. Address Marietta

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