

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43341

STATE FILE NUMBER

FILED NOV 25 1957

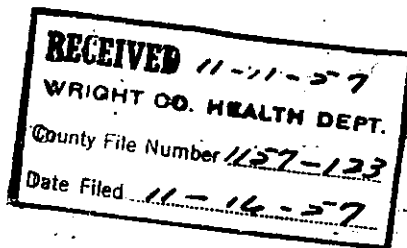
Registration District No. 372

Primary Registration District No. 6280

Registrar's No. 23

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 RURAL HART		c. CITY OR TOWN HARTVILLE, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 4 mi SE. HARTVILLE	
3. NAME OF DECEASED (Type or print) JENNIE		4. DATE OF DEATH 11/1/57	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 19, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		11. BIRTHPLACE (City and state or country) TENN.	
13. FATHER'S NAME W. M. A. BARRY		14. MOTHER'S MAIDEN NAME CORDELIA	
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	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Nephritis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 592x		INTERVAL BETWEEN ONSET AND DEATH 1 week about 1 year	
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 10-25-57 to 11-1-57 and last saw her/him alive on 10-31-57 Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. E. Worthy MD. (Degree or title)		22b. ADDRESS Hartsville MO	
22c. DATE SIGNED 11-3-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-3-57	
23c. NAME OF CEMETERY OR CREMATORY CURTISE		23d. LOCATION (City, town, or county) (State) WRIGHT (Co) MO	
24. FUNERAL DIRECTOR Calvin Blaine ADDRESS Hartsville, Mo.		25. DATE RECD. BY LOCAL REG. 11-25-57	
26. REGISTRAR'S SIGNATURE Thomas C. Durdan			

(Licensed Embalmer's Statement on Reverse Side)



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 *Lee Mason*.....

Licensed Embalmer No. 456

P. O. Address *Springfield*

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.