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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035882
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN Boonville — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hosp. — Length of stay in hospital 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN New Franklin — Inside Limits Yes XX No ☐
d. STREET ADDRESS 045 (If outside, give location) — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First: Nannie Middle: Green Last: Wright

4. DATE OF DEATH Month: Oct. Day: 18 Year: 1958

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: April 4, 1896

9. AGE (In years last birthday): 62 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (City and state or country): Howard County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: George L. Green

13b. MOTHER'S MAIDEN NAME: Minnie Chipley

14. NAME OF HUSBAND OR WIFE: Henry Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 487-01-6114

17. INFORMANT Address: Henry Wright, New Franklin, 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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 493X
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cirrhosis of liver - myocarditis

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

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 1946, to 10-18-58 and last saw her alive on 10-18-58
Death occurred at 10:00 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) TC Beckett md

22b. ADDRESS Boonville Mo

22c. DATE SIGNED 10-20-58

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

23b. DATE Oct. 21, 1958

23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Markland - Hall New Franklin, Mo.

25. DATE RECD. BY LOCAL REG. 10/20/58

26. REGISTRAR'S SIGNATURE D. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin

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.