

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000663

FILED VS. FEB 8 1960

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs		Length of stay in 1b		c. CITY OR TOWN El Dorado Springs		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 122 W. Joe Davis		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS N. Kirkpatrick		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Last Middle Lenda Wright				4. DATE OF DEATH Month Day Year 1-30-60			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9-26-1872	9. AGE (last birthday) 87	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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		11. BIRTHPLACE (City and state of country) Macon Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Wright		13b. MOTHER'S MAIDEN NAME Maggie Branson		14. NAME OF HUSBAND OR WIFE Decimus			
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 Mrs. O. L. Barclay El Dorado Springs Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration and inanition DUE TO (b) Partial gangrene in right leg DUE TO (c) Fracture of neck of right femur PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 12-18-60 to 1-30-60 and last saw her alive on 1-30-60 Death occurred at 12:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert L. Magee (Degree or title) Robert L. Magee, M.D.		22b. ADDRESS 111 1/2 West Spring Street El Dorado Springs, Missouri				22c. DATE SIGNED 2-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-2-60		23c. NAME OF CEMETERY OR CREMATOR Englewood Cemetery Clinton Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Elvin Brothers El Dorado Springs Mo.		25. DATE RECD. BY LOCAL REG. 2-2-66		26. REGISTRAR'S SIGNATURE Ruth M. Chapin Hugh S. Allen Deputy			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max W. Dickering

Licensed Embalmer No. 4690

P. O. Address El Dorado

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.