URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 0 1960

-60-009629

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 48

ENDED

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada, Missouri — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D.No.3 (Rural) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Mabel Middle Young Last Wright

4. DATE OF DEATH: Month 2 Day 26 Year 1960

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-4-1908
9. AGE (last birthday): 51 — IF UNDER 1 YEAR: Months 8 Days 22 — IF UNDER 24 HR: 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 or country): Emporia, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Earl Young
13b. MOTHER'S MAIDEN NAME: Ophala ----------
14. NAME OF HUSBAND OR WIFE: Elson 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.: none
17. INFORMANT: Elson Wright, Husband, Rural — Address: Nevada, 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) Coronary occlusion with myocardial infarctus — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 May 28, 1955, to Feb 26, 1960 and last saw her alive on Feb 26, 1960
Death occurred at 11:55 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS Moore Bldg Nevada Mo
22c. DATE SIGNED 3/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 2, 1960
23c. NAME OF CEMETERY OR CREMATORY: Moore Cemetery
23d. LOCATION (City, town, or county) (State): near Nevada, Missouri

24. FUNERAL DIRECTOR: Hays Funeral Service, Inc.
ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: March 1st 1960
26. REGISTRAR'S SIGNATURE: Anna E Terry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Richard L. Griffin

Signature of Student Embalmer

Licensed Embalmer No. 3053

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ([illegible] co[illegible] 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.