

MISSOURI DEPARTMENT OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006036

STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 9

AMENDED

FILED MAR 6 1962

1. PLACE OF DEATH a. COUNTY DeKalb			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Mo b. COUNTY DeKalb		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maysville		Length of stay in 1b 30Yrs.	c. CITY OR TOWN Maysville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OLLIE Middle MABEL Last WRIGHT			4. DATE OF DEATH Month Feb. Day 21 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/22-1893	9. AGE (last birthday) 68	IF UNDER 1 YEAR 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 or country) Davies County Mo		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Thomas Heimbaugh		13b. MOTHER'S MAIDEN NAME Jennie Crawford		14. NAME OF HUSBAND OR WIFE John T. Wright	
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.	17. INFORMANT Address John T. Wright, Maysville Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Insufficiency DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 16 hrs
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____					
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 Nov 1960 to 2/21/62 and last saw her alive on 2/21/62 Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Shepard Foster D.D.			22b. ADDRESS Maysville Missouri		22c. DATE SIGNED 2/23/62 (State)
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 23 1962	23c. NAME OF CEMETERY OR CREMATORY Shambaugh-Cope		23d. LOCATION (City, town, or county) Weatherby Mo (Rural)	
24. FUNERAL DIRECTOR ADDRESS Pilcher Funeral Home, Maysville Missouri		25. DATE RECD. BY LOCAL REG. 3-3-1962	26. REGISTRAR'S SIGNATURE Lertie E. Davidson		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

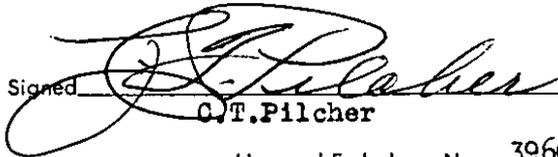
DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

APR 6 1962
APR 12 1962

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  _____
O.T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Mo.

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.