

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1949

BIRTH NO. 49-000831 REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Carrollton</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Rothville</u>	d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital 0</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Darlene</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Wright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Jan. 15 1949</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>73 30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Wm Paul Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Alma Elizabeth Straub</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Paul Wright, Rothville</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>13 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>7600</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Delivered at 7th mo. by Cesarean section because of placenta Aeria</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 15, 1949, to Jan 16, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. D. Straub, M.D.</u>	23b. ADDRESS <u>Brunswick, Mo.</u>	23c. DATE SIGNED <u>1/17/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Jan 16 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rothville</u>	24d. LOCATION (City, town, or county) (State) <u>Rothville Mo</u>
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DATE REC'D BY LOCAL REG. <u>1/30/48</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Cabert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Meyer</u>	ADDRESS <u>Brunswick Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-49

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.

Not embalmed