

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36457**

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1338	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Buchanan			
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 3 hrs.		c. CITY OR TOWN Hempel Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital				d. STREET ADDRESS (If rural, give location) R.F.D.#2			
3. NAME OF DECEASED (Type or Print) a. (First) Donna			b. (Middle) Mae		c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1949
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct. 10, 1945	
9. AGE (In years last birthday) 4		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Taney Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Willard Wright		13b. MOTHER'S MAIDEN NAME Edith Adenson		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Willard Wright ADDRESS Hempel Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. 2nd and 3rd degree burns b. Child in a small clothes set fire to cause papers ignited c. Child's clothing d. I dressed over temporary dressing e. then took her to midwestern hospital II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH. about 5 hrs 6 11/10 16	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Taney Co. Buchanan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 5 1949 11:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Set fire to papers - ignited child's clothing			
22. I hereby certify that I attended the deceased from Dec 5, 1949 , to Dec 5, 1949 , that I last saw the deceased alive on 12-5, 1949 , and that death occurred at about 3:08 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE John C. Starks		(Degree or title) M.D.		23b. ADDRESS Gower, Mo		23c. DATE SIGNED 12/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Gower Mo.	
DATE REC'D BY LOCAL REG. Dec 7, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins		FUNERAL DIRECTOR'S SIGNATURE John H. Mearns		ADDRESS Gower, Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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 this body is not embalmed, fact should be so stated above.