

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

339

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4055 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton</u>	c. LENGTH OF STAY (In this place) <u>20 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Easton Township</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lottie</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Wright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>14</u> <u>1950</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>married</u>	8. DATE OF BIRTH (last birthday) <u>1873-9-3</u>	9. AGE (In years) (Month) (Day) (Year) <u>76</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Jacob Mock</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Foke</u>	14. NAME OF HUSBAND OR WIFE <u>Leonard A. Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard A. Wright</u>	ADDRESS <u>Easton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic</u>		<u>4 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition down to throat muscles</u>			<u>3 mo.</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)	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 Oct 1945, to Jan 14, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. F. Kimbrell</u>	23b. ADDRESS <u>St. Joseph RR 4 Mo</u>	23c. DATE SIGNED <u>Jan 16, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Tomlin Hill, Stewartville, Mo.</u>
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BATE REC'D BY LOCAL REG. <u>Jan. 16, 1950</u>	REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>0 Sumnerfield</u>	ADDRESS <u>Lyon Stewartville, Mo.</u>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. E. Summerfield

Licensed Embalmer No. 5007

P. O. Address Stewartsville, 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.