

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36784

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 5465	Registrar's No. 1087
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Greene		
b. CITY OR TOWN Springfield Rural N. Campbell Twp		c. CITY OR TOWN Springfield Rural N. Campbell Twp 0390		
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Route # 6		
d. FULL NAME OF HOSPITAL OR INSTITUTION		Route # 6		
3. NAME OF DECEASED (Type or Print) a. (First) Bernice		b. (Middle) Wright		c. (Last) Wright
4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1950		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 20 1944 6
9. AGE (In years last birthday) 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Lawrence A. Wright		13b. MOTHER'S MAIDEN NAME Bessie Hickman		14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME L.A. Wright
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probably broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 p.m., from the causes and on the date stated above.				
23a. SIGNATURE W.E. Handley M.D.		23b. ADDRESS City Hall Springfield Mo.		23c. DATE SIGNED 12/8-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/8/50		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.
24d. LOCATION (City, town, or county) N. of Springfield		24e. LOCATION (State) Mo.		
DATE REC'D BY LOCAL REG. 12-8-50		REGISTRAR'S SIGNATURE W.E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer
				ADDRESS Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Lucius J. Swadlow

Licensed Embalmer No. *485*

P. O. Address

Summit Hill

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.