

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15558

FILED MAY 22 1951

State File No. 5096

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 7000 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain View - Tap</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Near Adrian Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Ridge Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED a. (First) <u>Elizabeth</u> b. (Middle) <u>Bell</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1951</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>Single</u>	8. DATE OF BIRTH <u>Sept. 30, 1872</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months <u>7</u> Days <u>16</u>	# UNDER 6 MOS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Telephone Op.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Higginville Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Alpha Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Wright</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sybal Deardorff</u>	ADDRESS <u>Adrian 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 <u>many years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis and nephritis</u>		
	ANTECEDENT CAUSES Morbid 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 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) m.	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 Mar 1, 1950, to Mar 20, 1951, that I last saw the deceased alive on Mar 20, 1950, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Robinson M.D.</u> (Degree or title)	23b. ADDRESS <u>Adrian Mo.</u>	23c. DATE SIGNED <u>5-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 18-1951</u>	REGISTRAR'S SIGNATURE <u>Rudolf Murray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Lee Adams, M.D.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7070
4

Note:- Taking medicines by Dr. Freer
for pain several years.

E. E. Robinson

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51

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 _____

Fred W. Brant

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Fred W. Brant

Licensed Embalmer No. 3343

P. O. Address *Adrian, 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.