

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25909

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4153 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City Rural</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED a. (First) <u>Hazel</u> b. (Middle) <u>Pauline</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1951</u>
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 <u>Jan 26, 51</u>
9. AGE (In years last birthday) <u>48</u>		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 _____
11. BIRTHPLACE (State or foreign country) <u>Idaho</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Lee Barks</u>		13b. MOTHER'S MAIDEN NAME <u>Della Goza</u>	
14. NAME OF HUSBAND OR WIFE <u>Floyd Wright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Wright</u> ADDRESS _____	
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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>			
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"/>		<u>002X</u>	
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) _____	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 <u>July 24, 1951</u> , to <u>July 24, 1951</u> , that I last saw the deceased alive on <u>July 24, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Gordon C. Hemphill D.O.</u> (Degree or title)		23b. ADDRESS <u>Bloomfield, Mo</u>	
23c. DATE SIGNED <u>8-6-51</u>		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Advance Mo</u>
DATE REC'D BY LOCAL REG. <u>8-8-51</u>	REGISTRAR'S SIGNATURE <u>Bessie Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

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

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RECEIVED

AUG 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

MS JUN 18 1959

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.....

*William H. Morgan*

working under my personal supervision.

Student Embalmer No.....

Signed *William H. Morgan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.