

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29423
Registrar's No. JP

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005

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) OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>0 0 7 0</u> OR TOWN <u>Rural-Mt. Pleasant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 4</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Pearl</u>	b. (Middle) <u>Sue</u>	c. (Last) <u>Wright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 9 - 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>2-11-1946</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joe R. Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Warren</u>	14. NAME OF HUSBAND OR WIFE <u>Single</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Wright</u>	ADDRESS <u>Butler, Missouri</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>Communited Skull</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>fracture - crushed</u> <u>Military Bone</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8/6th</u> <u>1/6</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., sea) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler</u> <u>Bates</u> <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-9-51 12:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car wreck</u>
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22. I hereby certify that I attended the deceased from 9-9-51 to 9-9-51, that I last saw the deceased alive on 9-9-51, and that death occurred at 7P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter W. Luter M.D.</u>	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>9-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 15-51</u>	REGISTRAR'S SIGNATURE <u>Randall K... 13</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u>	ADDRESS <u>Butler Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-17-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert G. Steinbeck

Signed.....

Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butte 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.