

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38291

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Demarcat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demarcat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canthessville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canthessville 0782</u>	
c. LENGTH OF STAY (on this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>606 E 9th st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u> b. (Middle) <u>E</u> c. (Last) <u>WRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22-1951</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>Widow</u>	8. DATE OF BIRTH <u>1897</u>	9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>54</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dundon Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. I. Stocker</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Broad</u>	14. NAME OF HUSBAND OR WIFE <u>Dead</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Wm J. George, 606 E 9th Canthessville</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>6 or 8 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>metastasis of uterine structure</u> DUE TO (c) <u>Hypo-static pneumonia 4 days</u>		
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 <u>171X</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-1-, 1957, to 11-22-, 1957, that I last saw the deceased alive on 11-21-, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. George</u>	23b. ADDRESS <u>W.A. Shipe, Shipe Electric Supply 11-26-51</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/23/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Canthessville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-27-1951</u>	REGISTRAR'S SIGNATURE <u>Hessie B. Wilkin</u>	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>La Foye and Co. Canthessville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED DEC 3 1951

11-51-299

Rec - NOV 30 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Carrollton, N. C.

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 _____

Charles E. Mungie

Student Embalmer No. 423

working under my personal supervision.

Student

Charles E. Mungie
Student Embalmer

Signed

Noel C. Druce

Licensed Embalmer No. 3941

P. O. Address

Carrolltonville
N. C.

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.