

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31414**

FILED OCT 14 1952

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 5		
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (In this place) 5 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		0420		
d. FULL NAME OF HOSPITAL OR INSTITUTION 610 E. Benton St				d. STREET ADDRESS (If rural, give location) 610 E. Benton				
3. NAME OF DECEASED (Type or Print) TENNESEE BELLE CORTRIGHT			a. (First) TENNESEE b. (Middle) BELLE c. (Last) CORTRIGHT			4. DATE OF DEATH (Month) (Day) (Year) Oct. 7 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH Jan 22 1878		
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 15 Hrs. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign agency) Wixa, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Edward Mayabb		13b. MOTHER'S MAIDEN NAME Berinda Brazel		14. NAME OF HUSBAND OR WIFE Fred Cortright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. Chas. Holmes, Windsor, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis					INTERVAL BETWEEN ONSET AND DEATH ?	
		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. Fracture Left Hip					3 Mon	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 5-15 , 19 52 , to 10-7 , 19 52 , that I last saw the deceased alive on 10-7 , 19 52 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ray B. Jordan, M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 10-8-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-9-52		24c. NAME OF CEMETERY OR CREMATORY Payne Cemetery		24d. LOCATION (City, town, or county) (State) Wixa, Missouri		
DATE REC'D BY LOCAL REG Oct 9-52		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Huston Turner, Windsor, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thinksor, 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.