

FILED DEC 10 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41348**

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>181</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>Life time</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		<u>1082</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>728 West Arch Street</u>				d. STREET ADDRESS (If rural, give location) <u>728 West Arch Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosanna</u>			b. (Middle)		c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 10 '52</u>		
5. SEX <u>Fm</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>December 19 1868</u>		9. AGE (In years last birthday) <u>83</u> # UNDER 1 YEAR: Months _____ Days _____ # UNDER 1 MIN. Hours _____ Min. _____	
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 <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Long</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Kern</u>			14. NAME OF HUSBAND OR WIFE <u>R Tilden Wright</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR ADDRESS <u>Myra Biehn</u> <u>728 West Arch Nevada, Missouri</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>advanced age</u> <u>none known</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u> <u>151X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) <u>✓</u>		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>4-10</u> , 19 <u>52</u> , to <u>9-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-9</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. P. [Signature]</u> (Degree or title)				23b. ADDRESS <u>Nevada, Mo.</u>			23c. DATE SIGNED <u>10-4-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-6-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>451</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home Nevada, Mo.</u>				

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

STATEMENT BY LICENSED EMBALMER

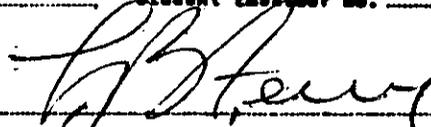
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 1760

P. O. Address Avuda Mis

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.