

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14592
2177

FILED MAY 13 1953
BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

| | | | | | | |
|--|------------------------|--|--|---|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) 68 YEARS | c. CITY OR TOWN KANSAS CITY | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL | | | e. STREET ADDRESS (If rural, give location) 5606 HIGHLAND AVENUE | | | |
| 3. NAME OF DECEASED (Type or Print) MAUDE ELLEN WRIGHT | | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 22 1953 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH FEB 26 1893 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GRADE SCHOOL TEACHER | | 10b. KIND OF BUSINESS OR INDUSTRY QUINBARO SCHOOL KANSAS CITY, MO | | 11. BIRTHPLACE (City and State or Foreign Country) LYNCHFIELD ILLINOIS | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME EDWARD G. WRIGHT | | 13b. MOTHER'S MAIDEN NAME ELLEN MORIARITY | | 14. NAME OF HUSBAND OR WIFE | | |
| 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. CORA WRIGHT HULL 5606 HIGHLAND KANSAS CITY 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) Multiple Myeloma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cancer skeletal system DUE TO (c) ✓ moderate mitral stenosis arteriosclerosis due to age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION None | | | 20. AUTOPSY? 1967 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 April 15, 1953 to April 22, 1953 that I last saw the deceased alive on April 22, 1953 and that death occurred at 6:45 P.M., from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE W. J. Wilson (Degree or title) M.D. | | | 23b. ADDRESS Plaza Fine Bldg | | 23c. DATE SIGNED 4/23/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE APRIL 25 1953 | 24c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEMETERY | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS | |
| DATE REC'D BY LOCAL REG. 4-24-53 | | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.H. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO. | | |

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.....
Signature of Student Embalmer

Signed *Charles H. Sheple*

Licensed Embalmer No. *4560*

P. O. Address *100 m*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.