

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

State File No. **41797**

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. **1723** PRIMARY REG. DIST. NO. **6089** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY OR TOWN Rural, Elmwood		c. CITY OR TOWN Rural, Elmwood	
c. LENGTH OF STAY (in this place) 60 years		d. STREET ADDRESS (If rural, give location) One mile N.W.Mt. Leonard	
d. FULL NAME OF HOSPITAL OR INSTITUTION One mile N.W.Mt. Leonard			

3. NAME OF DECEASED (Type or Print)	a. (First) Cora	b. (Middle) Lee	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug. 5, 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 3 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Carroll County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert B. Wright	13b. MOTHER'S MAIDEN NAME Emily Blanchard	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs Maurice Deal, Mt. Leonard, Mo.	ADDRESS Mt. Leonard, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) putrid abscess R. lung, upper lobe DUE TO (c) old unresolved pneumonia & influenza		
	11. 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	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) Marshall, Missouri
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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?
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22. I hereby certify that I attended the deceased from Oct. 3, 1953, to Nov. 13, 1953, that I last saw the deceased alive on Nov. 13, 1953, and that death occurred at 3-30A m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. P. Macy</i> (Degree or title) D.O.	23b. ADDRESS Marshall, Missouri	23c. DATE SIGNED 11-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 17, 1953	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. 11/18/53	REGISTRAR'S SIGNATURE <i>Dolly Andrew</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles Campbell</i>	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
970
1

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

W. Campbell Jr.

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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.