

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15369

0280

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

BIRTH NO. _____		REG. DIST. NO. 88		PRIMARY REG. DIST. NO. 4151		Registrar's No. 12			
1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steelville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steelville		0280			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print)			a. (First) MERTIE	b. (Middle) MAY	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) 4 - 25 - 54			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Oct. 12, 1876			
9. AGE (In years last birthday) 77		if UNDER 1 YEAR Months 6 Days 12		if UNDER 1 MIN. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John HALL			13b. MOTHER'S MAIDEN NAME Margaret Gartner		14. NAME OF HUSBAND OR WIFE George Wright				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Egles Steelville					
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) Cerebrovascular Accident				INTERVAL BETWEEN ONSET AND DEATH 2 mo	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				years	
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				331X	
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) 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 2-15-54 , 19 54 , to 4-25-54 , 19 54 , that I last saw the deceased alive on 4-25-54 , 19 54 , and that death occurred at 5 P m., from the causes and on the date stated above.									
23a. SIGNATURE John Campbell				(Degree or title)		23b. ADDRESS Steelville Mo.		23c. DATE SIGNED 5/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-28-54		24c. NAME OF CEMETERY OR CREMATORY Steelville Cemetery		24d. LOCATION (City, town, or county) (State) Steelville Mo.			
DATE REC'D BY LOCAL REG. 5/14/54		REGISTRAR'S SIGNATURE Mrs. Hazel Lichius		505 -		FUNERAL DIRECTOR'S SIGNATURE Jonas Funeral Home		ADDRESS Steelville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Henry M. Jones*
Licensed Embalmer No. 2628

P. O. Address *St. Charles, 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.