

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18461

State File No.

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>107</u> | | PRIMARY REG. DIST. NO. <u>3019</u> | | Registrar's No. <u>77</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Mo</u> COUNTY <u>Dunklin</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> | | c. LENGTH OF STAY (In this place) <u>22 yrs</u> | | c. CITY OR TOWN <u>Kennett</u> | | 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 <u>Dunklin G. Memo. Hosp.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>901 E. 4th Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>—</u> c. (Last) <u>Wright</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 31-1954</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u> | | 8. DATE OF BIRTH <u>Sept 14-1891</u> | |
| 9. AGE (In years last birthday) <u>62</u> | | 10. MONTH <u>8</u> | | 11. DAY <u>16</u> | | 12. HOURS <u>—</u> MIN. <u>—</u> | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dayton Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Pete Fickert</u> | | | 13a. MOTHER'S MAIDEN NAME <u>Ellen Hardy</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Wright Kennett Mo.</u> ADDRESS <u>770</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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | | | | |
| | | DUE TO (c) <u>Complete Heart block</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Complete Heart block</u> | | | | | <u>11 days</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | 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) | | 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>May 20, 1954</u> , to <u>May 31, 1954</u> , that I last saw the deceased alive on <u>May 31, 1954</u> , and that death occurred at <u>2:20</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u> | | | | 23b. ADDRESS <u>Kennett, Mo.</u> | | 23c. DATE SIGNED <u>June 7, 1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>6-2-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>6-8-54</u> | | REGISTRAR'S SIGNATURE <u>Carl Husband</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Ruth Service</u> | | ADDRESS <u>Kennett Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-16-54
COUNTY FILE NUMBER 654-16

OCT 5 1954

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 *Edgar Lee Ford*

Licensed Embalmer No. 443
P. O. Address *Rensselaer*

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.