

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13250**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived: if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cureal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cureal</u> 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>R. 2-D.</u> 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dale</u> b. (Middle) <u>Leona</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>8-26-1891</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Month <u>4</u> Day <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Patterson, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. R. Houston</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri Forest Leiber Wright</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>L. Wright</u> ADDRESS <u>Cureal, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstructive Biliary Cirrhosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignancy of biliary tract 6 mos. - 1 yr</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Caecoxia</u>			

19a. DATE OF OPERATION <u>None</u>	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) <u>155X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	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 12/24, 1954 to 12/26, 1954, that I last saw the deceased alive on 12/24, 1954, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Fowler MD</u>	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>1/6/55</u>
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>B</u>	24b. DATE <u>1/28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Mound</u>	24d. LOCATION (City, town, or county) (State) <u>Patterson, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-3-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Robertson West Plains 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

L. S. Roberts

Licensed Embalmer No.

3437

P. O. Address

West Hill

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.