

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1593**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>LA FAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If investigation: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RAY</b>	
b. CITY OR TOWN <b>LEXINGTON</b>		c. CITY OR TOWN <b>RT 4 RURAL - CROOKED RIVER</b>	
c. LENGTH OF STAY (in this place) <b>12 days</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi. NW of HARDIN, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL 0</b>			

3. NAME OF DECEASED a. (First) <b>ELEANOR</b> b. (Middle) <b>GERTRUDE</b> c. (Last) <b>WRIGHT</b>			4. DATE OF DEATH <b>JAN. 31, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, DOWIDED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>SEPT. 4, 1871</b>		9. AGE (In years last birthday) <b>83</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Mo. 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>WM H. SINCLEAR</b>		13b. MOTHER'S MAIDEN NAME <b>BEDELIA ROCHFORD</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES S. WRIGHT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>L.B. WRIGHT - WASHINGTON, D.C.</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Broncho pneumonia</b>			<b>2 days</b>
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) (Min)		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 **8-20**, 19**54**, to **1-31**, 19**55**, that I last saw the deceased alive on **1-30**, 19**55**, and that death occurred at **3:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. G. Crozier, M.D.</b>		23b. ADDRESS <b>Richmond, Mo.</b>		23c. DATE SIGNED <b>2-3-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAVEROCK CEM.</b>	
		24d. LOCATION (City, town, or county) <b>RAY COUNTY Mo.</b>		(State)	

DATE REC'D BY LOCAL REG. <b>2-4-55</b>		REGISTRAR'S SIGNATURE <b>Minerva E. Gustafson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>August Borcharding Hardin, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 3 1957

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 August Boeckering

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.