

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4231**
Registrar's No. **371**

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1602**

1. PLACE OF DEATH a. COUNTY Clay, County, Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, North		c. CITY OR TOWN Maitland	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 60 days		e. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1928 North Brooklyn		0440	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Marie c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Oregon Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Joseph Noellsch	13b. MOTHER'S MAIDEN NAME Louisa Hoffman	14. NAME OF HUSBAND OR WIFE Charlie Wright
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Charlie E Wright, Maitland Missouri	ADDRESS Maitland Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH None 15th
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Pancreas - Insuf. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11/5/54	19b. MAJOR FINDINGS OF OPERATION Carcinoma of the Pancreas - High Metastases	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)
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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 Nov 1, 1954, to January 25 1955, that I last saw the deceased alive on Jan 24, 1955, and that death occurred at 11:58 a.m. from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms (Degree or title) MD	23b. ADDRESS 4635 Wagonwheel City Mo	23c. DATE SIGNED 1/26/55
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE Jan 27, 1955	24c. NAME OF CEMETERY OR CREMATORY Maitland Cemetery	24d. LOCATION (City, town, or county) (State) Maitland Missouri
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DATE REC'D BY LOCAL REG. 1-26-55	REGISTRAR'S SIGNATURE Neva Minshall	FEDERAL DIRECTOR'S SIGNATURE Reddick	ADDRESS Maitland Missouri
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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.....
Signature of Student Embalmer

Signed *George M. Atchison*

Licensed Embalmer No. *2279*

P. O. Address *Wayville*

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.