

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5628

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5807 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) MADISON Rural		c. CITY (If outside corporate limits, write RURAL and give township) MADISON - UNION	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0620	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) EMMY b. (Middle) CONSTANCE c. (Last) WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) 2 13 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan 25 - 1886		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months 8 Days 8 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTH PLACE (State or foreign country) Sweedland	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Seven Swanson 13b. MOTHER'S MAIDEN NAME Nelson 14. NAME OF HUSBAND OR WIFE John Samuel Wright			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 4		17. INFORMANT'S SIGNATURE OR NAME John Samuel Wright ADDRESS Madison Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 10 da	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast		3 yrs	
		DUE TO (c) metastasis of Carcinoma to other structures of Body as Lung, Liver			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		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) Madison Monroe Mo	
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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	
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22. I hereby certify that I attended the deceased from **Feb 12, 1955** to **Feb 13, 1955**, that I last saw the deceased alive on **2-12, 1955**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Smith (Degree or title) MO		23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED 2-14-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/15/1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
24d. LOCATION (City, town, or county) (State) Madison Mo					

DATE REC'D BY LOCAL REG. 2-18-55		REGISTRAR'S SIGNATURE F. A. Darnell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Thompson ADDRESS Madison Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Fred A. J. Simpson

Licensed Embalmer No. 1420

P. O. Address Madison, W.

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.