.300
.48

1

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

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20337

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4220 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland
c. LENGTH OF STAY (In this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Wheatland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland 0430
d. STREET ADDRESS (If rural, give location): West Wheatland

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): May
c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): June 28-1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 10-1885
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 2, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Fairfield Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Harvey M Cox
13b. MOTHER'S MAIDEN NAME: Kisina Stewart
14. NAME OF HUSBAND OR WIFE: Lawrence W. Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 510-26-1573
17. INFORMANT'S SIGNATURE OR NAME: Geraldine Rogers — **ADDRESS**: Wheatland, Mo

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): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma of Stomach — years

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:
19b. MAJOR FINDINGS OF OPERATION: 151X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 15, 1956, *to* June 28, 1956, *that I last saw the deceased alive on* June 27, 1956, *and that death occurred at* 9:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Briggs, D.O.
23b. ADDRESS: Wheatland Mo
23c. DATE SIGNED: 6-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30-56
24c. NAME OF CEMETERY OR CREMATORY: Spring Branch Cemetery
24d. LOCATION (City, town, or county) (State): Avery, Mo.

DATE REC'D BY LOCAL REG.: 6-30-1956
REGISTRAR'S SIGNATURE: Mary Johnson
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Gilbert Hathaway — Wheatland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

640

FEB 25 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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Westland, Mich

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.