

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33024

State File No. _____

FILED NOV 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>9</u>	PRIMARY REG. DIST. NO. <u>4009</u>	Registrar's No. <u>75</u>
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>SAVANNAH</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>SAVANNAH</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 N 3rd St</u>		STREET ADDRESS (If rural, give location) <u>410 N 3rd St</u> <u>8020</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HALLIE</u>	b. (Middle) _____	c. (Last) <u>WRIGHT</u>
4. DATE OF DEATH <u>10-6-1956</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-16-1878</u>
9. AGE (In years last birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Rowland</u>		
13b. MOTHER'S MAIDEN NAME <u>Martha McDall</u>		14. NAME OF HUSBAND OR WIFE <u>William Wright</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>William Wright 410 N 3rd St</u>
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) <u>Arterio Sclerotic</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Heart Disease</u> <u>5 yrs.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>pulmonary Congestion</u> <u>2 yrs.</u>		
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) <u>SAVANNAH MO</u>
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 <u>12-5, 1954</u> to <u>11-6, 1956</u> that I last saw the deceased alive on <u>11-5, 1956</u> and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Warren C. Baker</u>		23b. ADDRESS <u>Savannah, Mo</u>		23c. DATE SIGNED <u>11-7-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-8-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>
24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Breit Funeral Home SAVANNAH MO</u>		
DATE REC'D BY LOCAL REG. <u>11-8-56</u>		REGISTRAR'S SIGNATURE <u>William Sparks</u>		

(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.....
Signature of Student Embalmer

Signed..... *E. C. Breit*

Licensed Embalmer No. *265*

P. O. Address *Savanna*

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.