

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1957

5365

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 31

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission)	
a. COUNTY <u>Lafayette</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>	c. CITY OR TOWN <u>Richmond</u>	d. STREET ADDRESS (If outside, give location) <u>427 North Main</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		b. COUNTY <u>Ray</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>427 North Main</u>	
Length of stay in hospital <u>2 weeks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<u>MARGARET BRIGHT WALL</u>			<u>February 21, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 26, 1909</u>	9. AGE (In years last birthday) <u>47</u>	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>4</u> Days <u>26</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerical</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>attached to the office of Empire State</u>		11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>	
13. FATHER'S NAME <u>James P. Wall</u>			14. MOTHER'S MAIDEN NAME <u>Maest Bright</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>James P. Wall</u> Address <u>Richmond, Missouri</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of liver</u>		<u>2 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinoma of right breast</u>	<u>1 year +</u>
	DUE TO (c) <u>Carcinoma of cervix uteris</u>	<u>1 year +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from July, 1950 to Febr. 21, 1957 and last saw her alive on Febr. 21, 1957  
Death occurred at 11:10 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. N. Johnson M.D.</u> (Degree or title)	22b. ADDRESS <u>Richmond, Mo.</u>	22c. DATE SIGNED <u>2/25/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>February 23, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
24. FUNERAL DIRECTOR <u>QUEST-LILE FUNERAL HOME</u> ADDRESS <u>RICHMOND, MISSOURI</u>	25. DATE RECD. BY LOCAL REG. <u>3-1-57</u>	26. REGISTRAR'S SIGNATURE <u>Wm. S. Galbraith</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 3 1951

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

Signature *George J. Hill*

Licensed Embalmer No. 44

P. O. Address *Rockton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.