

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19998**

FILED JUL 9 1957

BIRTH NO. 37323-57 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). --a. STATE MISSOURI b. COUNTY BARRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASSVILLE		c. CITY OR TOWN CASSVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 12 hrs.		e. STREET ADDRESS (If rural, give location) 0030	
d. FULL NAME OF HOSPITAL OR INSTITUTION CASSVILLE COMMUNITY HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) JOYCE b. (Middle) WRIGHT c. (Last) WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) 6 28 57			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 6-27-57	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 Hrs. Hours Mins. 12 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cassville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willie Wright	13b. MOTHER'S MAIDEN NAME Mary Alice Daniels	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Willie Wright	ADDRESS Cassville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydrocephalus DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spina bifida			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 752X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 6-27, 1957, to 6-28, 1957, that I last saw the deceased alive on 6-27, 1957, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald H. Johnson D.O.	23b. ADDRESS Cassville, Mo	23c. DATE SIGNED 6/29/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-29-57	24c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery	24d. LOCATION (City, town, or county) (State) Barry County Mo.
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DATE REC'D BY LOCAL REG 6-29-57	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE Williamson Chapel	ADDRESS Cassville, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 757-112

DATE REC. 7-1-57

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 Dayle E. Williamson
Licensed Embalmer No. 4883
P. O. Address Cassville

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.