THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008513
STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY SHELBY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHELBYVILLE — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT HILL REST HOME — Length of stay in 1b 4 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY SHELBY
c. CITY OR TOWN EMDEN 102 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RURAL ROUTE — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First SARAH Middle FRANCES Last WRIGHT
4. DATE OF DEATH Month FEB Day 7 Year 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT 20, 1861
9. AGE (In years last birthday) 96 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPING
10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING
11. BIRTHPLACE (City and state or country) INDIANA
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME JOHN HENRY WRIGHT
14. MOTHER'S MAIDEN NAME CYNTHIA ANN YOUNG
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT CLIFFORD COCHRAN Address EMDEN MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Not Determined - Sudden Death - No Symptoms which would indicate cause of death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) general weakness which followed an attack of influenza a short time ago
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 481X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Mch 13-1957, to Feb. 7-1958 and last saw her alive on 1-17-1958
Death occurred at 9:10 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P. G. Archer MD
22b. ADDRESS Shelbyville, Mo
22c. DATE SIGNED 2-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-9-58
23c. NAME OF CEMETERY OR CREMATORY BAPTIST CEMETERY
23d. LOCATION (City, town, or county) EMDEN (State) MO

24. FUNERAL DIRECTOR THOMPSON-GREENING ADDRESS SHELBYVILLE MO
25. DATE RECD BY LOCAL REG. 2-12-58
26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles V. Greenin

Licensed Embalmer No. 46

P. O. Address Clarence

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