Health, Welfare Public Service

300 1-56

0940 1

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

FILED APR 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-015467

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY St. Francois	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Randolph — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Elvins 0940 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Elvins R.F.D. 1 — Length of stay in 1b 3 Yrs.	d. STREET ADDRESS (If outside, give location) R. F. D. No. 1 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Annie	Middle: Caroline	Last: Wright	4. DATE OF DEATH Month Day Year: April 16, 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: Oct. 31, 1860	9. AGE (In years last birthday): 97 — 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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: ----------	11. BIRTHPLACE (City and state or country): Marshall, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George Bailey		14. MOTHER'S MAIDEN NAME: Maggie Fenwick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ----------	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Mrs. George Pettus Elvins R.F.D. 1		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary failure	Minutes 10
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Thrombotic encephalomalacia	Years
DUE TO (c)	Arteriosclerosis 332X	Years

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 ☐ 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 July 17, 1955, to April 16, 1958 and last saw her alive on April 15, 1958. Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. M. Bach	(Degree or title) D. O. 2	22b. ADDRESS: Leadwood, Missouri	22c. DATE SIGNED: 4/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4/19/58	23c. NAME OF CEMETERY OR CREMATORY: Cross Roads Cemetery	23d. LOCATION (City, town, or county) (State): Leasburg, Missouri
24. FUNERAL DIRECTOR ADDRESS: Bert L. Boyer Leadwood, Mo.		25. DATE RECD. BY LOCAL REG.: Apr. 18, 1958	26. REGISTRAR'S SIGNATURE: Esther Rudloff

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(Licensed Embalmer's Statement on Reverse Side)

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 William E. Boyer

Licensed Embalmer No. 473

P. O. Address Ladwood

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.