

Health,  
& Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024886  
STATE FILE NUMBER

90,  
S. 300  
V. 1-57

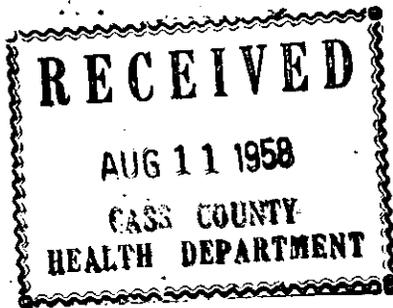
FILED AUG 13 1958 Registration District No. 59 Primary Registration District No. 5219 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camp Branch Twp.</u>		c. CITY OR TOWN <u>Garden City</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile N.W. Garden City</u>		d. STREET ADDRESS (If outside, give location) <u>1/2 mile N.W.</u>	
3. NAME OF DECEASED (Type or print) First <u>Dorothy</u> Middle <u>Elizabeth</u> Last <u>Wright</u>		4. DATE OF DEATH Month <u>7</u> Day <u>31</u> Year <u>1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-22-1915</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>43</u>
11. BIRTHPLACE (City and state or country) <u>Bolivar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert A. Manuel</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie M. Tindle</u>	
14. NAME OF HUSBAND OR WIFE <u>L. Dail Wright</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>497-34-3047</u>		17. INFORMANT <u>Mr. L. Dail Wright</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>generalized debility</u>		3 years	
DUE TO (c) <u>brain trauma following fall</u>		3 years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Grandle moved four feet from bed 3 months ago</u>		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 _____ a.m. _____ p.m. _____		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 <u>Garden City</u> COUNTY <u>Cass</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bessie Janda</u> (Degree or title) <u>Rev. Comm. Cong.</u>		22b. ADDRESS <u>Plains Hill, Mo</u>	
22c. DATE SIGNED <u>7/21/58</u>		23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8-2-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Garden City, Missouri</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Atkinson-Dickey</u>		25. DATE RECD. BY LOCAL REG. <u>August 2, 1958</u>	
ADDRESS <u>Garden City, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Nora Bernard</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 14 1958



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 *Billy J. Hilkey* .....

Licensed Embalmer No. *4685* ..... P. O. Address *Sheldon City, Mo.* .....

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.