

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Podman
108
5423

58-035969

STATE FILE NUMBER

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Arbyrd - rt. 1</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1 mi. W of Arbyrd</i>		Length of stay in lb <i>3 wks</i>	
d. STREET ADDRESS <i>4 mi. "S" of Arbyrd</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Ollie</i> Middle <i>Mae</i> Last <i>Wright</i>			4. DATE OF DEATH Month <i>Sept.</i> Day <i>4</i> Year <i>1958</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 4, 1897</i>	9. AGE in years (last birthday) <i>61</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Marble Hill, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>John O. Ridings</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah E. Schell</i>		14. NAME OF HUSBAND OR WIFE <i>R. S. Wright</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mr. Madge Meacham - Arbyrd Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Carcinoma</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Probably Primary Lung</i>			
DUE TO (c) <i>163X</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

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 <i>o.m.</i> Month <i>o.m.</i> Day <i>o.m.</i> Year <i>p.m.</i>					
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 <i>Jan 58</i> to <i>4 Sept 58</i> and last saw her <i>alive</i> on <i>1 Sept 58</i> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J N Podman</i>		22b. ADDRESS <i>Leachville, Ark</i>	22c. DATE SIGNED <i>13 Sept 58</i>

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9/6/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Silverdale Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Arbyrd - rt. 1, Mo.</i>	
24. FUNERAL DIRECTOR <i>Howard Funeral Service - Leachville, Ark</i>			25. DATE RECD. BY LOCAL REG. <i>10-10-1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. J. H. Ranier</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 21 1958

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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 *Monte Brenner*

Licensed Embalmer No. *5032*

P. O. Address *Lackville, Va*

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.