

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006651
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lansdowne</u>		c. CITY OR TOWN <u>Bowling Green</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>PIKE Co. Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>J</u>	
Length of stay in 1b <u>4 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GRACE</u> Middle <u>LEE</u> Last <u>WRIGHT</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>15</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 23, 1894</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Month <u>9</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Andover, Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Oscar Harmon</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Benning</u>	14. NAME OF HUSBAND OR WIFE <u>Howard Wright</u>
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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) <u></u>	16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT <u>1116 S. PROWITT Wilson Bowling Green, Mo.</u>
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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>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerotic heart disease</u>	
	DUE TO (c) <u>4200</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Similar tubercular Congest. Hb. fail.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <u></u>
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20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u>	STATE <u></u>
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21. I attended the deceased from <u>2/11/59</u> to <u>2/15/59</u> and last saw her <u>alive</u> on <u>2/15/59</u> Death occurred at <u>1:50 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>John A. Middleton MD</u>	22b. ADDRESS <u>Lansdowne</u>	22c. DATE SIGNED <u>2/18/59</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Buried</u>	23b. DATE <u>Feb. 17, 1959</u>	23c. NAME OF CEMETERY OR REPOSITORY <u>Curryville</u>	23d. LOCATION (City, town, or county) (State) <u>Curryville MO</u>
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24. FUNERAL DIRECTOR <u>Trace Bankhead</u>	ADDRESS <u>Bowling Green</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 18-59</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

1958
MAR 5

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 *Harold Kink*

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

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.