

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023556  
STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. **6158**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Length of stay in 1b <b>3 weeks</b>	d. STREET ADDRESS <b>4224 Peck Street</b>
3. NAME OF DECEASED (Type or print) First <b>GOLDIE</b> Middle <del>ANN</del> <b>FRANCES</b> Last <b>WRIGHT</b>		4. DATE OF DEATH <b>JUNE 27, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 20, 1903</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fur</b>	9. AGE (In years last birthday) <b>55</b>
11. BIRTHPLACE (City and state or country) <b>Warrick County, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Coffman</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Jaco</b>	14. NAME OF HUSBAND OR WIFE <b>Widowed</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-01-8752</b>	17. INFORMANT Address <b>Indiana</b> <b>Mrs. Cora Gorman, Rt. 1, Poseyville,</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>MULTIPLE MYELOMA, PRIMARY SITE BONES</b>			<b>8 MONTHS</b>
DUE TO (c) <b>203x</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CHRONIC LYMPHOCYTTIC LEUKEMIA 6 YEARS</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month, Day, Year 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 COUNTY STATE
21. I attended the deceased from <b>MAY 30, 1959</b> to <b>JUNE 27, 1959</b> and last saw her alive on <b>JUNE 27, 1959</b>		Death occurred at <b>3:00 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>C. D. Vermillion, M.D.</i> (Degree or title) M. D.		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>6/29/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-30-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Evansville, Indiana</b>
24. FUNERAL DIRECTOR <b>Stock Mortuary, 2117 E. Grand Bl.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 30 '59</b>	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

5

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

MISSOURI DEPARTMENT OF HEALTH

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 *V E Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address *St. Louis, 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.