

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039492

FILED VS DEC 15 1959

096

Primary Registration District No.

Registrator's No.

66

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Dallas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisburg		Length of stay in 1b 12 years	c. CITY OR TOWN Louisburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Gladys Middle B. Last Wrigley			4. DATE OF DEATH Month December Day 8 Year 1959				
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Apr. 28, 1891	9. AGE (last birthday) 65		
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) Reeds Springs, Mo.		12. CITIZEN OF WHAT COUNTRY US		
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Floyd Wrigley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No (unknown)) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT Address Floyd Wrigley Louisburg, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Colon					INTERVAL BETWEEN ONSET AND DEATH 1 yr.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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. 		Month, Day, Year 					
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.)		20f. CITY, TOWN, OR LOCATION Louisburg		COUNTY 	STATE
21. I attended the deceased from Dec. 8, 1959 to Dec. 8, 1959 and last saw her ^{her} _{him} alive on Dec. 6, 1959 Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C.O. Danner (Degree or title)			22b. ADDRESS Buff 210 Mo.		22c. DATE SIGNED 12-9-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Louisburg, Cemetery		23d. LOCATION (City, town, or county) Louisburg, Missouri		
24. FUNERAL DIRECTOR Montgomery Funeral Home Buffalo, Missouri			ADDRESS 	25. DATE RECD. BY LOCAL REG. 12/14/59	26. REGISTRAR'S SIGNATURE Mrs Vera Petree		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Vernon H. Viets*
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.