ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-032656
STATE FILE NUMBER

AMENDED

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 59

FILED OCT 10 1961

1. PLACE OF DEATH
a. COUNTY: HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LEWIS TWP. — Length of stay in 1b: 4 MOS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PLEASANT HILL NUR. HM. — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: HOLT
c. CITY OR TOWN: FOREST CITY — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First CORA — Middle LOU — Last WRIGHT
4. DATE OF DEATH: Month OCT. Day 3 Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-19-1872
9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: IN OWN HOME
11. BIRTHPLACE (City and state or country): HOLT COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: HENRY WRIGHT
13b. MOTHER'S MAIDEN NAME: MARTHA TOLBERT
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. MARJORIE COTTON — Address: FOREST CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY OCCLUSION. — INTERVAL BETWEEN ONSET AND DEATH: 3 HOURS
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6/10/60, to 10/3/61 and last saw her/him alive on 10-3-61
Death occurred at 1:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Don H. Cochin (Degree or title) — 22b. ADDRESS: Oregon, Mo. — 22c. DATE SIGNED: 10-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 5, 1961
23c. NAME OF CEMETERY OR CREMATORY: BENTON CEMETERY
23d. LOCATION (City, town, or county) (State): HOLT COUNTY, MO.
24. FUNERAL DIRECTOR: James H. Crawford — ADDRESS: MOUND CITY, MO.
25. DATE RECD. BY LOCAL REG.: 10-5-1961
26. REGISTRAR'S SIGNATURE: James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

NOV 2 1967

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 James H. Sanford

Licensed Embalmer No. 4796

P. O. Address Mound City, Ill.

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.