

FILED FEB 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1719

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>LAFFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>		d. STREET ADDRESS (If rural, give location) <u>1608 Bloom ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1608 Bloom ST.</u>				d. STREET ADDRESS (If rural, give location) <u>1608 Bloom ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>Lucy</u>		a. (First) <u>FALL</u>		c. (Last) <u>WRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-14-1880</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>LEXINGTON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>E. F. Nicholson</u>		13b. MOTHER'S MAIDEN NAME <u>CHARA FALL</u>		14. NAME OF HUSBAND OR WIFE <u>C. CLYDE WRIGHT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>C. CLYDE WRIGHT</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>CONGESTIVE HEART DISEASE</u>		19. INTERVAL BETWEEN ONSET AND DEATH _____	
20. MEDICAL CERTIFICATION I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART DISEASE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4201</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Stomach</u>		21. DATE OF OPERATION _____		22. MAJOR FINDINGS OF OPERATION _____		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		24b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		24c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) _____		24d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
24e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24f. HOW DID INJURY OCCUR? _____		25. I hereby certify that I attended the deceased from <u>Sept 16</u> , 19 <u>46</u> , to <u>Jan 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>49</u> and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.		26. SIGNATURE (Degree or title) <u>Bea H. Brasher, M.D.</u>	
26b. ADDRESS <u>Lexington Mo</u>		26c. DATE SIGNED <u>1-4-49</u>		27a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		27b. DATE <u>1-6-49</u>	
27c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		27d. LOCATION (City, town, or county) (State) <u>LEXINGTON MO</u>		28. DATE REC'D BY LOCAL REG. <u>Jan 4-49</u>		28a. REGISTRAR'S SIGNATURE <u>Wm. E. Eustace</u>	
28b. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. TEMPEL</u>		28c. ADDRESS <u>LEX. MO</u>		29. (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-10-49

Brashe

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 .....

Student Embalmer

Signed

Leo M. Kearn

Licensed Embalmer No.

2983

P. O. Address

Levington 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 this body is not embalmed, fact should be so stated above.