

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37866

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>296</u>		PRIMARY REG. DIST. NO. <u>4445</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Orrick</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>		c. CITY OR TOWN <u>Mo. City, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Son-Orrick, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>6 Dec 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>			b. (Middle) <u>Ann</u>		c. (Last) <u>Writesman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb. 2, 1870</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Mo. City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>James Tate</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Writesman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hubert Writesman Orrick, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal - Endocarditis -</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10-1-55</u> , 19___, to <u>12-6-55</u> , 19___, that I last saw the deceased alive on <u>12-6-55</u> , 19___, and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. G. T. Semmons T - D.O.</u> (Degree or title)				23b. ADDRESS <u>Orrick, Mo.</u>		23c. DATE SIGNED <u>12-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>5 Mi. NE of Mo. City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-9-55</u>	REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Good</u>		ADDRESS <u>Orrick, Mo.</u>		

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

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 .....<sup>2</sup>....., Student Embalmer No. ....<sup>2</sup>..... working under my personal supervision..

Student .....<sup>1</sup>.....  
Signature of Student Embalmer

Signed .....<sup>1</sup>.....  
Licensed Embalmer No. ....<sup>453</sup>.....  
P. O. Address .....<sup>2</sup>.....

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.