

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1730**

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 12

0495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) Minutes	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Building		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville	
3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) Daw c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 24, 1883
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68	10. IF UNDER 1 YEAR Months 11 Days 14
11a. BIRTHPLACE (State or foreign country) Brown Co. Kansas	11b. CITIZEN OF WHAT COUNTRY? USA	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bessie Wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bessie Wright, 309 S. Pine, Carterville ADDRESS 309 S. Pine, Carterville	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocardial failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 12-20-51	19b. MAJOR FINDINGS OF OPERATION Benign Prostatic hypertrophy. Transurethral Resection done.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 12-20 , 19 51 , to Jan 8 , 19 52 , that I last saw the deceased alive on 1-8 , 19 52 , and that death occurred at 1:20 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Walter W.D. (Degree or title)		23b. ADDRESS Frisco Bldg Joplin Mo	23c. DATE SIGNED 1-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-11-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.
DATE REC'D BY LOCAL REG. 1-12-52	REGISTRAR'S SIGNATURE Ed J. James 138-0	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson, Webb City, Mo. ADDRESS Mortuary	

RECEIVED 1-21-52
Jasper County Health Office

County File Number 52/1/46

Date Filed 1-22-52

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 Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb City, 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.