

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5475

State File No. ....

FILED MAR 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 94

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Chetopa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 10, 1862</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Matton, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Hester Scott</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Bush, Chetopa, Kansas</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Irreversible Cardiac</u>		<u>1 wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal failure</u> DUE TO (c) <u>the operable carcinoma of Rt. Kidney</u>		<u>10 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Urinary Noddy Calculus, Long Hospital</u>		<u>Unknown</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Calculus of Urinary Noddy. Carcinoma Rt. Kidney</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 <u>180X</u>
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22. I hereby certify that I attended the deceased from 2-17, 1952 to 2-26, 1952, that I last saw the deceased alive on 2-15, 1952, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Walker M.D.</u> (Degree or title)	23b. ADDRESS <u>Triscoaldy Joplin</u>	23c. DATE SIGNED <u>3-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill</u>	24d. LOCATION (City, town, or county) (State) <u>Chetopa, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>3-5-52</u>	REGISTRAR'S SIGNATURE <u>Ed S. James</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home, Chetopa, Kansas</u>	ADDRESS
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RECEIVED 3-8-52

Jasper County Health Office

County File Number 52/3/177

Date Filed 3-8-52

Dr. Walker

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

Steve Parker

Signed.....  
Student Embalmer

Licensed Embalmer No. 2548

P. O. Address Jasper, 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.