

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7863**

FILED MAR 24 1952
BIRTH NO. 12976 REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5323 Registrar's No. 13-1952

280
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | |
|--|--|---|--|--|-------------|
| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, Jasper Twp.</u> | | c. LENGTH OF STAY (In this place) <u>Yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u> | | <u>1950</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | d. STREET ADDRESS (If rural, give location) <u>Rte # 3</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ebert</u> b. (Middle) <u>Louis</u> c. (Last) <u>Wright</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1952</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u> | 8. DATE OF BIRTH <u>2-23-1952</u> | 9. AGE (In years last birthday) <u>0</u> | IF UNDER 1 YEAR Months <u>0</u> |
| IF UNDER 1 YEAR Days <u>17</u> | IF UNDER 24 HRS. Hours <u></u> | IF UNDER 15 MIN. Min. <u></u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u> | | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country) <u>Benton Township, Crawford Co., Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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| 13a. FATHER'S NAME <u>Earl S. Wright</u> | 13b. MOTHER'S MAIDEN NAME <u>Georgia Nichol</u> | 14. NAME OF HUSBAND OR WIFE |
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| 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. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Earl Wright, JR. PR, Cuba, Mo.</u> | | ADDRESS |
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| 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) <u>Bronchial pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>7630</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Febr. 6, 1952, to Febr. 23, 1952, that I last saw the deceased alive on Feb 10, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D. Hammon, M.D.</u> | 23b. ADDRESS <u>St. James, Mo.</u> | 23c. DATE SIGNED <u>2-25-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/25/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hickliday Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2/25/52</u> | REGISTRAR'S SIGNATURE <u>J. P. A. [Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Cuba, Mo.</u> |
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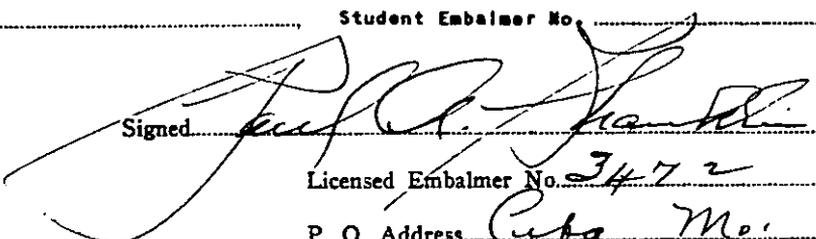
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.