S. No. 300
v. 10.48

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

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1231

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (In this place): 7 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 S McLain St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton Mo 0422
d. STREET ADDRESS (If rural, give location): 402 S McLain St.

3. NAME OF DECEASED (Type or Print): a. (First) Tatum b. (Middle) Armstrong c. (Last) Wright
4. DATE OF DEATH (Month) (Day) (Year): Jan-25-53
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: June 28. 1887
9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): St Clair Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William P Wright
13b. MOTHER'S MAIDEN NAME: Elizabeth Crotts
14. NAME OF HUSBAND OR WIFE: Flora E Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Non
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ray Crouch | ADDRESS: Clinton Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 da

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac decompensation — 2 yr

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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20 *, 1953, to* 1-25 *, 1953, that I last saw the deceased alive on* 1-24 *, 1953, and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE: H O Walker (Degree or title) M.D.
23b. ADDRESS: Clinton Mo
23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 27-53
24c. NAME OF CEMETERY OR CREMATORY: Wright's Creek
24d. LOCATION (City, town, or county) (State): St Clair Co. Mo

DATE REC'D BY LOCAL REG.: Jan-27-53
REGISTRAR'S SIGNATURE: Florence Edwards
25. FUNERAL DIRECTOR'S SIGNATURE: Sickman & Dunning | ADDRESS: Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Dunning

Licensed Embalmer No. 4210.

P. O. Address Clinton 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.