

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6463

State File No.

BIRTH NO. FILED MAR 10 1953 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Washington Township	
c. LENGTH OF STAY (in this place) 3 mos.		d. STREET ADDRESS (If rural, give location) 8822 Daniel Boone Rd., KC Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1525 Sterling Rd.			

3. NAME OF DECEASED (Type or Print)	a. (First) CRAIG	b. (Middle) ANDREW	c. (Last) WRIGHT	4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug. 29, 1952	9. AGE (In years last birthday) 5	10. UNDER 1 YEAR Months 18	11. UNDER 18 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Baby	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James R. Wright	13b. MOTHER'S MAIDEN NAME Margaret Roach	14. NAME OF HUSBAND OR WIFE None
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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) NO	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mr. James R. Wright, 8822 Daniel Boone Rd., KC Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 5 mos / 8 ds
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis Meningoencephalitis Congenital Defect		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) 751X		
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 <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) m.	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 12-25, 1952, to 2-17, 1953, that I last saw the deceased alive on 2-15, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. Locknell M.D. (Degree or title)	23b. ADDRESS 11037 Wemin Rd. Indep	23c. DATE SIGNED 2-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/18/53	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 2-18-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McLURE, Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

John L. A. Co. - [unclear]
110 27 [unclear]
00-8938

[Faint handwritten text]

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 *J. D. Walton*

Licensed Embalmer No. *2744*

P. O. Address *110 27*

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.