

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6505**

FILED MAR 12 1953

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5592** Registrar's No. **64**

1000

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

1. PLACE OF DEATH a. COUNTY Wade			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri - Jackson b. COUNTY Independence		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 3 YRS	c. CITY (If outside corporate limits, write RURAL and give township) Independence		d. STREET ADDRESS (If rural, give location) 603 E. Truman Rd
d. FULL NAME OF HOSPITAL OR INSTITUTION Home For Aged (Kan)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1953		
3. NAME OF DECEASED (Type or Print) Ida	a. (First)	b. (Middle) Virginia	c. (Last) Wright	5. SEX FEM.	
6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 1, 1896	9. AGE (In years, last birthday) 56 YRS.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	11. BIRTHPLACE (City and State or Foreign Country) Blackwater, Mo.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY NONE	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Roger Wright
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roger Wright 603 E. Truman Rd.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. B. Influenza 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. 481X				INTERVAL BETWEEN ONSET AND DEATH 2-14-53
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Independence Jackson Mo			
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?			
22. I hereby certify that I attended the deceased from 2-14 , 1953, to 2-26 , 1953, that I last saw the deceased alive on Feb. 25 , 1953, and that death occurred at 11:30 am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Sam J. W. Guffin MD			23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 3-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE March 5, 53	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Independence, Mo.		
DATE REC'D BY LOCAL REG. 3-5-53	REGISTRAR'S SIGNATURE D. B. Langford	483 -	25. FUNERAL DIRECTOR'S SIGNATURE W. L. Davis	ADDRESS 1415 E. Truman Rd.	

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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

Landis H. Jackson

Licensed Embalmer No.

4850

P. O. Address

K. C. 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.