

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8787

State File No.

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 717

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Columbia</u>	c. LENGTH OF STAY (in this place) <u>71 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia 0105</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 So. 1st St.</u>		d. STREET ADDRESS (If rural, give location) <u>7 So. 1st St.</u>	

3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>	a. (First)	b. (Middle)	c. (Last) <u>WRIGHT</u>	4. DATE OF DEATH <u>March 8 - 1953</u>
--	------------	-------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Nov. 1st 1881</u>	9. AGE (In years last birthday) <u>71</u>	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) <u>Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery store</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	---	---

13a. FATHER'S NAME <u>Joseph Knight</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Knight</u>
---	--	--

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>486-12-3994</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Knight</u>	18. ADDRESS <u>Columbia Mo</u>
--	--	--	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>Severely</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Flu + Pneumonia</u>		DUE TO (b) <u>Only saw him the day before death</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Had had Flu a few days</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had pneumonia a few hrs</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>No injury</u>
--	--	--

21d. TIME OF INJURY <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>No injury</u>
---------------------------------	--	---

22. I hereby certify that I attended the deceased from 3-7-1953 to 3-8-1953, that I last saw the deceased alive on 3-5-1953, and that death occurred at P.A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.P. Hyatt</u>	(Degree or title)	23b. ADDRESS <u>Columbia Mo.</u>	23c. DATE SIGNED <u>3-10-53</u>
----------------------------------	-------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 11th 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Mar 10 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	31-01	FUNERAL DIRECTOR'S SIGNATURE <u>Struth Lacked</u>	ADDRESS <u>Columbia Mo.</u>
---	--	-------	---	-----------------------------

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

105
1

1956 OCT 7MP

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: *Edward P. Parker*

Licensed Embalmer No. 2900

P. O. Address: Columbus 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.