

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18340

State File No. ....

FILED MAY 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 2461

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>7188 5940 Lawn</u>	
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Gilbert</u> c. (Last) <u>Wright</u>		4. DATE OF DEATH <u>May 10 1953</u> (Month) (Day) (Year)	

5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8 Aug. 1887</u>	9. AGE (in years last birthday) <u>65</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Flooring</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salisbury, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Virenda Best</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Wright</u>
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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 <u>X</u> Yes <u>X</u>	16. SOCIAL SECURITY NO. <u>499-14-3932</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Flora Wright</u> ADDRESS <u>5940 Lawn K.C. Mo.</u>
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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.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Trauma with cerebral contusion fracture of 3rd, 4th, 5th &amp; 6th ribs left, and multiple bruises</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>  <u>1 week.</u>  <u>290 26</u> <u>45</u>
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19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>123</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Building</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>
21d. TIME OF INJURY <u>May 1 1953 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from scaffolding, landing on back</u>

22. I hereby certify that I attended the deceased from May 1<sup>st</sup>, 1953, to May 10, 1953, that I last saw the deceased alive on May 9, 1953, and that death occurred at 12:01 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Weiford</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>330 West 47 St. K.C. Mo.</u>	23c. DATE SIGNED <u>May 11</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-12-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floral Hills Memorial Chapels, K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

70-418-11

me 4998  
8267 22

Dr. E. C. Weisner 330 W 47th

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 Lloyd C. McCord

Licensed Embalmer No. 4853

P. O. Address K. C. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.