

FILED AUG 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25885**

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4412		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY OR TOWN St. James		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. James		08/8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Ephava		a. (First)		b. (Middle)		c. (Last) Wright	
4. DATE OF DEATH		(Month) Aug		(Day) 2		(Year) 1953	
5. SEX F		6. COLOR, OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 26 1873	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Valentine Scroggins		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Robert Wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Robert Wright, St. James, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive Heart Disease ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Atherosclerosis DUE TO (b) Hypertension DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 July 18, 1953 , to Aug 2, 1953 , that I last saw the deceased alive on Aug 2, 1953 , and that death occurred at 710 Lm from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ruth B. Powell				23b. ADDRESS St. James, Mo		23c. DATE SIGNED 8-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 4 53		24c. NAME OF CEMETERY OR CREMATORY Soldiers Home Cemetery St. James, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 8-4-53		REGISTRAR'S SIGNATURE Ruth B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Lahr		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

C. Jesse Gahr

Signed.....
Student Embalmer

Licensed Embalmer No. *4486*

P. O. Address *H. J. Janna*

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.