

STANDARD CERTIFICATE OF DEATH

43464

FILED JAN 4 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden	
c. LENGTH OF STAY (in this place) 8 weeks		d. STREET ADDRESS (If rural, give location) South Market	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center			

3. NAME OF DECEASED (Type or Print)	a. (First) Retta	b. (Middle) Pearl	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH July 23, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Cass County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James A. Whitsett	13b. MOTHER'S MAIDEN NAME Jane Nancy Newton	14. NAME OF HUSBAND OR WIFE John C. Wright, deceased
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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. none	17. INFORMANT'S SIGNATURE OR NAME R. L. Whitsett	ADDRESS Holden, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchopneumonia		6 mo, ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lymphosarcoma DUE TO (c) Peritoneal Glands Chronic Nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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 Oct 24, 1953, to 12-20, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 3 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Lee Cooper MD.	23b. ADDRESS Warrensburg	23c. DATE SIGNED 12-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-1953	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Missouri
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DATE REC'D BY LOCAL REG. Dec. 28, 1953	REGISTRAR'S SIGNATURE Savannah Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE E. B. CAST	ADDRESS HOLDEN MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 8 1958

RECEIVED
DEC 29 1958
JOHNSON COUNTY HEALTH DEPT.

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 *EBCast*

Licensed Embalmer No. 4059

P. O. Address Holden, 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.

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