

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4051

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1092		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston					
b. CITY OR TOWN Kansas City, Mo.		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Chillicothe		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph				e. STREET ADDRESS (If rural, give location) 336 WEBSTER STREET					
3. NAME OF DECEASED (Type or Print) Lois			a. (First)		b. (Middle) Wright		c. (Last)		
4. DATE OF DEATH 8/22/54		(Month)		(Day)		(Year)			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH 10/17/22			
9. AGE (In years last birthday) 31		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 1 Hrs. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN			11. BIRTHPLACE (City and State or Foreign Country) 9			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MR Floyd A. Wright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS St. Joseph Hospital Records					
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Hypostatic Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Toxic Nephrosis nephrosis (n.m.o.) lower nephron 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Petechial Cerebral Hemorrhages 591X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)					
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?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred by _____, from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. Frank Holman M.D.				23b. ADDRESS St. Joseph Hospital		23c. DATE SIGNED 8-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-22-54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri			
DATE REC'D BY LOCAL REG. 8-22-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S SON'S K.C. MO. 1331 BRUSH CREEK					

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD  
H. Frank Holman M.D.

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.....  
Signature of Student Embalmer

Signed.....  
*Richard K. Rogers*

Licensed Embalmer No. *445*

P. O. Address *Memphis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.