

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41809**

FILED DEC 30 1954

BIRTH NO. _____		REG. DIST. NO. 240		PRIMARY REG. DIST. NO. 5824		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill				b. COUNTY Union	
b. CITY OR TOWN Corran La. Ford		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Cobden		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 _____				e. STREET ADDRESS (If rural, give location) 8120					
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence			b. (Middle) Ford		c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 18 1912		9. AGE (In years last birthday) 42	If UNDER 1 YEAR Months 11	If UNDER 4 HRS. Days 3 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Industrial		11. BIRTHPLACE (City and State or Foreign Country) Union County Ill		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James P Wright			13b. MOTHER'S MAIDEN NAME Leone Wilson		14. NAME OF HUSBAND OR WIFE Kuby Wright				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 338-16-0179		17. INFORMANT'S SIGNATURE OR NAME Kuby Wright		ADDRESS Cobden, Ill			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke in truck				ANTECEDENT CAUSES DUE TO (b) with transport truck					
				DUE TO (c) on highway 61st Crushed body					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. and head.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway #61		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 21-54 6:00 a.m.		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 at 6:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Dr. H. J. Bonder (Degree or title)				23b. ADDRESS New Madrid, Mo.		23c. DATE SIGNED Dec. 22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Alto Pass		24d. LOCATION (City, town, or county) (State) Alto Pass Ill.			
DATE REC'D BY LOCAL REG. 12-28-54		REGISTRAR'S SIGNATURE H. J. Bonder Deputy		FUNERAL DIRECTOR'S SIGNATURE Blair		ADDRESS Broadway Cobden, Ill			

(Licensed Embalmer's Statement on Reverse Side)

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

720

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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 *Joseph A. DeLush*.....
Licensed Embalmer No. *4481*.....

P. O. Address *W. St. Georgeville, N.C.*.....

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.