

STANDARD CERTIFICATE OF DEATH

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|--|--|--|-------------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>5459</u> | | Registrar's No. <u>80</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Twsp.</u> | | c. LENGTH OF STAY (In this place) <u>2 months</u> | | c. CITY OR TOWN <u>Rural, Center Twp</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield R.F.D. # 4</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 4 390</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AUSTIN</u> | | | b. (Middle) <u>----</u> | | | c. (Last) <u>WRIGHT</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>January 27, 1955</u> | | 5. SEX <u>Male 0</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | |
| 8. DATE OF BIRTH <u>3 December 1871</u> | | 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Wright</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Griffin</u> | | 14. NAME OF HUSBAND OR WIFE <u>Marcie Wright</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO None</u> | | 16. SOCIAL SECURITY NO. <u>----</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Moore, Rt. 4, Springfield, Mo.</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u> | | 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) <u>177 X</u> | | | |
| 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 <u>Dec 10, 1954</u> , to <u>Jan 25, 1955</u> , that I last saw the deceased alive on <u>Jan 28, 1955</u> , and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. Dean Cunningham, M.D.</u> | | 23b. ADDRESS <u>1715 Booneville Springfield, Mo.</u> | | 23c. DATE SIGNED <u>1-28-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>29 Jan. 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Florence, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>1-28-55</u> | | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Prime</u> | | ADDRESS <u>Springfield, Missouri</u> | |

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3681
Springfield,
P. O. Address Missouri.....

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.