

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

6964

State File No.

No. 300
10.48

FILED MAR 4 1955

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (in this place) 2yr		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston		/ 00 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 224 Young				d. STREET ADDRESS (If rural, give location) 224 Young			
3. NAME OF DECEASED (Type or Print) a. (First) Beatrice b. (Middle) ----- c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) 2, 6, 1955				
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 11, 1933	
9. AGE (In years last birthday) 22		10. MONTHS 3		11. YEAR 25		12. IF UNDER 18 HRS. Hours Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U, S, A	
13a. FATHER'S NAME Kitt Allen			13b. MOTHER'S MAIDEN NAME Nettie Allen			14. NAME OF HUSBAND OR WIFE James Wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nettie Allen Marion, Arkansas			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3° Burns, entire body					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. E 9160 IC					
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 bldg., etc.) 224 Young - Rear		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sikeston Scott Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? was in a cabin that burned.					
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 1 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Diana S. Buckthorp, M.D. Health Officer				23b. ADDRESS Benton, Mo		23c. DATE SIGNED 2-9-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-55		24c. NAME OF CEMETERY OR CREMATORY Smith West End Court West of Sikeston, Mo		24d. LOCATION (City, town, or county) (State) Sikeston, Mo	
DATE REC'D BY LOCAL REG. 2-23-55		REGISTRAR'S SIGNATURE Mrs. A. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith		ADDRESS 1212 Maud St	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED FEB 28 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 255-49

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

Ed J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.