

FILED MAR 15 1955

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7005**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6151** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Parma Rt. 1 rural</b>		c. CITY OR TOWN <b>Parma Rt. 1</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>3 mi. NW Parma Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>EIK Twp.</b>		f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <b>Isaiah Wright</b>			4. DATE OF DEATH <b>Feb. 15 1955</b>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX <b>M</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		
6. COLOR OR RACE <b>B</b>		8. DATE OF BIRTH <b>July 6 1901</b>		9. AGE (In years last birthday) <b>53</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>state of Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Ervin Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Curruthers</b>		14. NAME OF <del>husband or</del> WIFE <b>Della Wright</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Della Wright</b> ADDRESS <b>Parma Mo., Rt. 1</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC DEGENERATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>WEEKS</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GASTRIC CARCINOMA</b>		<b>MONTHS</b>	
		DUE TO (c)			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	
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 **6-10-53**, 19\_\_\_, to **8-21-54**, 19\_\_\_, that I last saw the deceased alive on **8-21-54**, 19\_\_\_, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. E. Lange</b> (Degree or title)		23b. ADDRESS <b>PARMA MO</b>		23c. DATE SIGNED <b>2-16-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Feb. 20 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Portageville Colored</b>	
		24d. LOCATION (City, town, or county) (State) <b>Portageville Mo.</b>			

DATE REC'D BY LOCAL REG. <b>3-10-55</b>		REGISTRAR'S SIGNATURE <b>Delma V. Jambiro</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser.</b> ADDRESS <b>Parma Mo;</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 Marsh Watkins.....

Licensed Embalmer No. 47

P. O. Address Depton

**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.**