

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22641

State File No.

FILED JUL 27 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARL JUNCTION</u>		c. CITY OR TOWN <u>CARL JUNCTION</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 YEAR</u>		e. STREET ADDRESS (If rural, give location) <u>502 Locust Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 Locust St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>David</u>	c. (Last) <u>Wright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 8, 1902</u>	9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milk Company employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pet Milk Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JESS Wright</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE MARTIN</u>	14. NAME OF HUSBAND OR WIFE <u>ERMA Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>513-09-5448</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ERMA Wright</u>	ADDRESS <u>CARL Junction</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary hemorrhage</u>		
	DUE TO (c) <u>Pulmonary Tuberculosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from April 6, 1955 to July 15, 1955, that I last saw the deceased alive on July 15, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Carl Junction, Mo.</u>	23c. DATE SIGNED <u>7/16/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-21-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grady MEMORIAL</u>	24d. LOCATION (City, town, or county) (State) <u>Grady, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-18-55</u>	REGISTRAR'S SIGNATURE <u>474 P. Mrs. Madeline Schuetz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed JUL 25 1955

AUG 10 1955

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 *Floyd E. Skewmako*

Licensed Embalmer No. *492*
Box 58
P. O. Address *Granby,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.