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FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30315**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **147**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Haver	c. LENGTH OF STAY (in this place) 2 Day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Portageville 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION PEMISCOT, MO. Hosp.		d. STREET ADDRESS (If rural, give location) Rural Route 2	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) James	b. (Middle) Thomas	c. (Last) Wright	(Month) Sept.	(Day) 19,	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-4-1907	9. AGE (In years last birthday) 47	10. IF UNDER 1 YEAR Months 1 Days 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Wright	13b. MOTHER'S MAIDEN NAME Rosie Brown	14. NAME OF HUSBAND OR WIFE Vera Viola Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Vera Wright ADDRESS R. 2 Portageville, Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 h
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intercranial Hemorrhage		
	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. alcoholism acute diabetes			

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway	21c. (CITY, TOWN, OR TOWNSHIP) 078 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 17 1955 10:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by auto

22. I hereby certify that I attended the deceased from **Sept 17, 1955**, to **Sept 19, 1955**, that I last saw the deceased alive on **Sept 19, 1955**, and that death occurred at **10:30 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel R Hunsley	23b. ADDRESS Wardell Mo	23c. DATE SIGNED 9/22/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-20-55	24c. NAME OF CEMETERY OR CREMATORY Wardell Memorial
		24d. LOCATION (City, town, or county) (State) Wardell, Mo.

DATE REC'D BY LOCAL REG. 9-23-55	REGISTRAR'S SIGNATURE Jahm W German 406	25. FUNERAL DIRECTOR'S SIGNATURE Osburn Funeral Home, Wardell, Mo. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

57610

9-266-55

SEP 29 1955

PERMISCOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79,
CARUTHERSWILLE, MO.

ITAM

REC'D BY TODAY

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

James G. Johnson

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.