

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020848
STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 100 Primary Registration District No. Registrar's No. 37

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Texas twsp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Licking</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Lifetimo</u>		Length of stay in lb <u>6330</u>	d. STREET ADDRESS (If outside, give location) <u>615 E of Licking Mo</u>
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>Wite</u> Last <u>Wright</u>		4. DATE OF DEATH Month <u>June</u> Day <u>14</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 24, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life and if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, no. of birthday) <u>67</u>
11. BIRTH PLACE (City and state or country) <u>Dent Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alexander Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Ann Mitchell</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy Pilling</u>		Address <u>Licking Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>5410</u>	
17. INFORMANT <u>Lucy Pilling</u>		Address <u>Licking Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest.</u> DUE TO (b) <u>severe systemic shock & blood loss</u> DUE TO (c) <u>severe bleeding duodenal ulcer</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>general debilitation</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1957</u> to <u>1959</u> and last saw him alive on <u>June 13, 1959</u> . Death occurred at <u>5:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B J Myers D.O</u> (Degree or title)		22b. ADDRESS <u>Licking, Mo.</u>	
		22c. DATE SIGNED <u>6-17-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6-18-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Dent Co MO</u>	
24. FUNERAL DIRECTOR <u>Smith-Ferguson</u>		ADDRESS <u>Licking</u>	
25. DATE RECD. BY LOCAL REG. <u>6/20/59</u>		26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Erbert Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Fishing 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.