

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL CENTER FOR HEALTH STATISTICS
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-60-004265

FILED VS JAN 22 1960

2 201

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS MO				Length of stay in 1b 5 yrs		c. CITY OR TOWN ST LOUIS MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1425 SEMPLE				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1425 SEMPLE	
3. NAME OF DECEASED (Type or print) First DRUCILLA Middle WRIGHT Last				4. DATE OF DEATH Month JANUARY Day 5 Year 1960			
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 17 MAY 1897	
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING				10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) RIPLEY TENN.	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME FRED BOSTIC				13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE John Henry 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. NONE		INFORMANT Address James Wright 304 Greely	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) cerebro vascular hemorrhage							
DUE TO (b) hypertensive cardiovascular disease							
DUE TO (c) hypertensive cardiovascular disease						443x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 12-12-59 to 1-3-60 and last saw her him alive on 1-2-60 Death occurred at 9 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Alas Moore M.D.				22b. ADDRESS 4501 N. Easton		22c. DATE SIGNED 1-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		1-8-1960		Memorial Home		Rolls Tenn	
24. FUNERAL DIRECTOR ADDRESS J.J. Yundell & Sons 177 E. Kirkham				25. DATE RECD. BY LOCAL REG. JAN 7 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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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 Harold P. Yandee

Licensed Embalmer No. 4243

P. O. Address 130 Eddidge
White River 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.