

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014637

FILED VS. APR 26 1960 77

77

Primary Registration District No. 3016

Registrar's No. 148

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in 1b	c. CITY OR TOWN JEFFERSON CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 208 GRANT		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 208 GRANT
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last BRITTON GORF WRIGHT			4. DATE OF DEATH Month Day Year APR 17 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-1-1960	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) JEFFERSON CITY		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME BRITTON M. WRIGHT		13b. MOTHER'S MAIDEN NAME ANNE GIBONEY		14. NAME OF HUSBAND OR WIFE ---		
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	17. INFORMANT BIM WRIGHT Address JEFF CITY, MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Suffocation		INTERVAL BETWEEN ONSET AND DEATH not known.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 type="checkbox"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Injury found face down in bed and reflexes. Face and upper chest cyanotic.	
20c. TIME OF INJURY Hour 4 a.m. Month, Day, Year APR. 7, 1960	City Jefferson City County Cole State MO.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION Jefferson City	County Cole State Mo.
21. I attended the deceased from March 1, 1960 to Apr. 17, 1960 and last saw him alive on Apr. 13, 1960 Death occurred at 4 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) John D. Sennels, M.D.		22b. ADDRESS Jefferson City, MO.		22c. DATE SIGNED 4-17-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-18-1960	23c. NAME OF CEMETERY OR CREMATORY Eldon	23d. LOCATION (City, town, or county) (State) Eldon MO.	
24. FUNERAL DIRECTOR Louis A. Phillips ADDRESS Eldon		25. DATE RECD. BY LOCAL REG. 19 April 1960	26. REGISTRAR'S SIGNATURE R.P. Harris - M.D. - Registrar, Dep.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James D. Phyllips

Licensed Embalmer No. 366

P. O. Address Cedar

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.