

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24037**

FILED AUG 11 1951

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **6961** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Platte County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Platte City Lee		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo. 3178	
c. LENGTH OF STAY (in this place) 2 hrs		d. STREET ADDRESS (If rural, give location) 1109 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Platte City (5 mi. S.)			

3. NAME OF DECEASED (Type or Print) a. (First) Loneta b. (Middle) James c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) July 28 51			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1918	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oklahoma City, Okla		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Johnson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE U Milton 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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe R. Harris 536 NE 2 Okla City	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning				
		ANTECEDENT CAUSES				
		* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				
		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.				

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.) boat (river)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lee Twp. Platte Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? boat overturned		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) TOM N. Nullett		23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 7-29-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-29-51		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 7-29-51		REGISTRAR'S SIGNATURE R. Phib. Rollins 257		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wathena Bros 1621 ad Benton	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

36
3

SEP 26 1951

JUL 9 0 1952



AUG 15 1951

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 Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.