

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32432

State File No. ....

FILED NOV 13 1951

BIRTH NO. 66313-57 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 291

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Nebraska</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville</b>		c. LENGTH OF STAY (In this place) <b>2 da.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Kirkville Osteopathic</b>		d. STREET ADDRESS (If rural, give location) <b>238 S. Lincoln St.,</b>	

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3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b> b. (Middle) <b>Benton</b> c. (Last) <b>Wright Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10/29/51</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct. 28, 1951</b>		9. AGE (In years last birthday) <b>0</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>2</b> IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Kirkville, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Jesse B. Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Kathleen Kinzy</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jesse B. Wright, Minden, Nebr.</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>From Birth</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature Birth &amp; Incomplete 1 day.</b> DUE TO (c) <b>development of Respiratory Centers</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>and Organ.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/28, 1951, to 10/29/51, that I last saw the deceased alive on 10/29/, 1951, and that death occurred at 2:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Howard E. Gross</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Kirkville, Mo.</b>	23c. DATE SIGNED <b>10/29/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/30/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-30-51</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul A. ... Kirkville, Mo.</b>
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Date Received: NOV 6 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-1962  
Date Filed: NOV 8 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 *Juan E. Cooper*

Licensed Embalmer No. 4119

P. O. Address *Winkville, 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.