

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42332

State File No. \_\_\_\_\_

FILED JAN 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt</u>	
c. LENGTH OF STAY (In this place) <u>11 Years</u>		d. STREET ADDRESS (If rural, give location) <u>Wyatt, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Wyatt</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Virginia</u>	b. (Middle) <u>Mills</u>	c. (Last) <u>Wright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December, 12, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January, 31, 1920</u>	9. AGE (In years last birthday) <u>31</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Hickman, Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Oscar Mills</u>		13b. MOTHER'S MAIDEN NAME <u>Janie Langford</u>		14. NAME OF HUSBAND OR WIFE <u>Calvis Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charline Frizzell, Mayfield, Ky.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BURNED TO DEATH WHILE TRYING TO SAVE</u>		HER SIX YEAR OLD SON WHO WAS TRAPPED IN THEIR BURNING RESIDENCE.				<u>E9/60</u> <u>10</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>THIS MOTHER HAD MOMENTARILY LEFT THE HOME AND ON HER RETURN SAW THE HOUSE</u>				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		AFLAME AND RAN INTO THE HOUSE IN AN EFFORT TO SAVE HER CHILD WHO WAS TRAPPED INSIDE.				
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Residence</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wyatt</u> <u>Mississippi</u> <u>Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/12/1951</u> <u>7PM</u> <u>m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>As described in item 18</u>	

22. I hereby certify that I attended the deceased from AS CORONER ONLY, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Charleston, Mo.</u>		23c. DATE SIGNED <u>12/13/51</u>	
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan 7, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>The Nuneroes Funeral Chapel, Charleston, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2670

0670

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E9/60

10

7-24-1949

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

*Edward E. [Signature]*

Licensed Embalmer No. \_\_\_\_\_

4164

P. O. Address Charleston, W. Va.

*Body Not Embalmed*

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.