

STANDARD CERTIFICATE OF DEATH

State File No. 6028

FILED FEB 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Peke</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Peke Mo</u>	
b. CITY OR TOWN <u>Louisa</u>	c. LENGTH OF STAY (In this place) <u>9 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>	d. STREET ADDRESS (If rural, give location) <u>Spencer Ind.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Spring Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WHITELY</u> c. (Last) <u>WRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 30 1952</u>		
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5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 5-1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTH PLACE (State or foreign country) <u>Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANCIS MARION WRIGHT</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN LAKEN SARAH ELLEN TETTY</u>	14. NAME OF HUSBAND OR WIFE <u>SARAH ELLEN WRIGHT</u>
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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>Mrs. Floyd Arday</u>	ADDRESS <u>1034 N. 25.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal Disease</u>		IN <u>INTERVAL</u> BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age</u>		
	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? <u>442X</u> YES <input type="checkbox"/> NO <input 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) _____	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 Jan. 20, 1952, to Jan. 30, 1952, that I last saw the deceased alive on Jan. 30, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Hansen</u> (Degree or title) _____	23b. ADDRESS <u>Frankford Mo</u>	23c. DATE SIGNED <u>Feb. 1 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 1 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Frankford Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 7 1952</u>	REGISTRAR'S SIGNATURE <u>Berniece Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fielden</u>	ADDRESS <u>Frankford Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

8210

**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 Don Julius Nguyen

Licensed Embalmer No. 4092

P. O. Address Frankford, N.J.

**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.