

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25140**

FILED AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5786</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi 0670</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss. 0670</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wyatt (Rural)</u>			c. LENGTH OF STAY (in this place) <u>life</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt (Rural)</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 3, Box 151</u>				d. STREET ADDRESS (If rural, give location) <u>Route 3, Box 151</u>			
3. NAME OF DECEASED (Type or Print) <u>Jimmie</u>		a. (First)		b. (Middle)		c. (Last) <u>Wright</u>	
4. DATE OF DEATH <u>July 16, 1952</u>		4. DATE (Month) (Day) (Year)		5. SEX <u>Male 2</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>July 16, 1952</u>		9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Wyatt, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>Johnnie Mae Wright</u>		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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Wright, R. 3, Box 151, Wyatt, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Collapse</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>premature labor</u> DUE TO (c) <u>30 wks pregnancy</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		776X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 16 1952</u> to <u>July 16, 1952</u> , that I last saw the deceased alive on <u>July 16, 1952</u> and that death occurred at <u>5:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Wyatt, Mo.</u>		23c. DATE SIGNED <u>7/22/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rush Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wyatt, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7/29/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Charleston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 31 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed AUG 1 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.