

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25200

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5843 Registrar's No. 9

0730

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If partitioned: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newtown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 5m. S. 1730</u>	c. LENGTH OF STAY (In this place) <u>5m. S. 1730</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10mi W.E. of Seneca</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Clark</u> c. (Last) <u>Wright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>whit.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never mar.</u>	8. DATE OF BIRTH <u>May 9, 1933</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Oklahoma, 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fred Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Frazier</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>444-30-3119</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Bradshaw</u>	ADDRESS <u>Seneca, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest and internal injuries</u>		
	ANTECEDENT CAUSES 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 type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) <u>Public Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-28-52 6 a. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>one car accident in front under truck</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bobly Thompson</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Seneca Missouri</u>	23c. DATE SIGNED <u>6-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-30-52</u>	REGISTRAR'S SIGNATURE <u>Phyllis Brital</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.G. Williams</u>	ADDRESS <u>Seneca Mo</u>
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RECEIVED

Dist. Health Officer To. NEWTON COUNTY HEALTH UNIT

Dist. Health Officer No. 752-121

Date Filed 7-11-52

NEOSHO, MISSOURI

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 W. E. Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.