

FILED AUG 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26996

State File No. _____

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

BIRTH NO. <u>42019</u>		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>9552</u>		Registrar's No. <u>45</u>		
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>MTN. GROVE</u>		c. LENGTH OF STAY (in this place) <u>8 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CONNORS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>Long Street P.O.</u> <u>CONNORS HOSPITAL</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PATRICA</u>			b. (Middle) <u>MAY</u>		c. (Last) <u>WRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 29 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JULY 25-52</u>		9. AGE (In years last birthday) <u>4</u>	If under 1 year Months <u>—</u> Days <u>—</u>	If under 12 hrs. Hours <u>8</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MTN. GROVE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WILBUR G. WRIGHT</u>			13b. MOTHER'S MAIDEN NAME <u>VIRGIE BUSHONG</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur Wright</u> ADDRESS <u>Army</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTELLECT BETWEEN ONSET AND DEATH <u>7-28-1952</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <u>7625</u>					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>7-25</u> , 195 <u>2</u> , to <u>7-29</u> , 195 <u>2</u> , that I last saw the deceased alive on <u>7-28</u> , 195 <u>2</u> , and that death occurred at <u>12:32 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. E. Jones</u>				23b. ADDRESS <u>Mountain View Mo.</u>		23c. DATE SIGNED <u>8-1-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lone Star</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-2-52</u>		REGISTRAR'S SIGNATURE <u>A. E. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Barber</u> ADDRESS <u>Mtn. Grove Mo.</u>				

AUG 5 1952

HEALTH DEPT.

County File Number 852

Date Filed _____

RECEIVED AUG 5 1952

WRIGHT CO. HEALTH DEPT.

County File Number 852-97

Date Filed 8-9-52

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Hope W

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.