No. 300
10.48

MED SEP 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32622

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 6[illegible]

890
3

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

1. PLACE OF DEATH
a. COUNTY: RAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - CROOKED RIVER
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME OF SON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: RAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - CROOKED RIVER 0890
d. STREET ADDRESS (If rural, give location): 4 mi. Southwest of Hardin.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): LOUIS
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 7, 1952

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: JULY 3, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 2, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Illinois 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JAMES WRIGHT
13b. MOTHER'S MAIDEN NAME: PRISCILLA COOPER
14. NAME OF HUSBAND OR WIFE: DAISY WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: JOHN L. WRIGHT JR. — ADDRESS: RICHMOND, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Body discovered Sept 8
DUE TO (c): about 7 A.M. — Had been dead from 12-15 hours.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr John F Baker, 3 Coroner
23b. ADDRESS: Richmond Mo
23c. DATE SIGNED: 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): 1
24b. DATE: 9-11-52
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEM.
24d. LOCATION (City, town, or county) (State): RIVERTON, ILL.

DATE REC'D BY LOCAL REG.: Sept 10-1952
REGISTRAR'S SIGNATURE: Mabel Jackson 233 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Knipschild & Porcherding Hardin, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1957

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 August Buckending

Licensed Embalmer No. 4678

P. O. Address Harding, 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.