

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10175
State File No. 1291

FILED MAR 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>16 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>4025 SOUTH BENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4025 SOUTH BENTON</u>				d. STREET ADDRESS (If rural, give location) <u>4025 SOUTH BENTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEULAH</u>		b. (Middle) <u>M.</u>		c. (Last) <u>WRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 1 1953</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 15, 1903</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MARYVILLE, MISSOURI</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAVID McLARNON</u>			13b. MOTHER'S MAIDEN NAME <u>NELLIE BUGBEE</u>			14. NAME OF HUSBAND OR WIFE <u>JAMES H. WRIGHT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-20-0263</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>James H. Wright 4025 S. Benton</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arricular Fibrillation 1947</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Arteriosclerosis 1947</u> DUE TO (c) <u>Myocardial infarction & stenosis 1947</u> 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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>410X</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>4/2</u> , 19 <u>47</u> , to <u>3/1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 16, 1953</u> and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. B. Williams M.D.</u> (Degree or title)				23b. ADDRESS <u>MD 1103 Grand Ave</u>		23c. DATE SIGNED <u>3/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-3-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>A. H. Newcomer Sons, 1351 28th Street, Kansas City, Mo.</u>			

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

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

John B Lewis

Licensed Embalmer No. 4875

P. O. Address K C M D -

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.