

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE  
STANDARD CERTIFICATE OF DEATH

De. John White  
State File No. 10497

LED MAR 30 1953  
BIRTH NO. 121948 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 277

0582

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>SUSAN ELAINE WRIGHT</u>			4. DATE OF DEATH <u>Mar-26-1953</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>0</u>	
8. DATE OF BIRTH <u>Sept 25-1953</u>		9. AGE (in years last birthday) <u>5</u> <u>29</u>		10. IF UNDER 1 YEAR Hours <u>0</u> Min. <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 (City and State or Foreign Country) <u>Brookfield Mo 0</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Lloyd Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Blara Davidson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Wright Brookfield Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>9 1/2 Hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>		DUE TO (b) <u>Lobar pneumonia</u>				Patient <u>first seen</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		at <u>11:00 A. M., Feb. 24, 1953</u> - history indicates that the child has been ill for approximately two weeks.					
II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>490X</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 March 24, 1953, 1953, that I last saw the deceased alive on March 24, 1953, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. White</u> (Design of title)		23b. ADDRESS <u>Brookfield Hospital Brookfield, Mo.</u>		23c. DATE SIGNED <u>3-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
24d. LOCATION (City, town, or county) <u>Brookfield</u> (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Madison Blacklock</u>		ADDRESS <u>167 Dep. St. Brookfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-28-53</u>		REGISTRAR'S SIGNATURE <u>Madison Blacklock</u>			

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**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.....

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.