

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18872**

FILED **DOWN** BIRTH NO. **4 1953** REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4603** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY Remick		2. USUAL RESIDENCE (Where deceased lived; if institution, residence, before admission) a. STATE Missouri b. COUNTY Steele	
b. CITY (If outside corporate limits, write RURAL and give township) Steele		c. CITY (If outside corporate limits, write RURAL and give township) Steele	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) West East Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Aston c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) 5-16-53	
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-10-1875	9. AGE (In years last birthday) 77 (Months) 10 (Days) 6	10. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Entered musician		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (State or foreign country) Frankford Co Tenn	
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13a. FATHER'S NAME Aldridge Wright		13b. MOTHER'S MAIDEN NAME Elizabeth Vittito		14. NAME OF HUSBAND OR WIFE Emma Wright	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.M. Wright Coles, Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY ARTERY DISEASE		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Steele, Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Steele, Mo
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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?
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22. I hereby certify that I attended the deceased from **5-16-53**, to **5-16-53**, that I last saw the deceased alive on **19**, and that death occurred at **3:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE J. Chapman M.D. (Degree or title)	23b. ADDRESS Steele, Mo	23c. DATE SIGNED 5-21-53
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) buried	24b. DATE 5-18-53	24c. NAME OF CEMETERY OR CREMATORY Mt Zion	24d. LOCATION (City, town, or county) (State) Steele Mo
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DATE REC'D BY LOCAL REG. 6-1-53	REGISTRAR'S SIGNATURE J. Chapman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chapman and Co Steele Mo
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6-186-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, N.J.

JUN 2 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.