

57 No. 300  
v. 10-48

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35661**

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home, 1423 Maple</u>		d. STREET ADDRESS (If rural, give location) <u>1423 Maple.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Beatrice</u> c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23 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>MAR 18 1899</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>	11. BIRTHPLACE (State or foreign country) <u>Livingston, Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	12. COUNTRY OF WHAT CITIZEN? <u>USA.</u>
13a. FATHER'S NAME <u>Isaac Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Zerilda House</u>	14. NAME OF HUSBAND OR WIFE <u>J.R. Wright</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.R. Wright Trenton, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> 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) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Oct 1</u> , 19 <u>53</u> , to <u>Oct 23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 21</u> , 19 <u>53</u> , and that death occurred at <u>2:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph M. Givins M.D.</u>		23b. ADDRESS <u>Trenton, Mo</u>	
23c. DATE SIGNED <u>Oct 24 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sunday Oct 25 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Shelburn cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grundy Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-25-53</u>		REGISTRAR'S SIGNATURE <u>Jane Fair</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Blackmore</u>		ADDRESS <u>Trenton, Mo</u>	

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

Dr. Givins

(Licensed Embalmer's Statement on Reverse Side)

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

*Harold S. Robert*

Signed.....

Student Embalmer

Licensed Embalmer No. *4920*

P. O. Address

*Leventon, 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.