

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38401

FILED DEC 2 - 1953

State File No. _____
Registrar's No. 15

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5141

1. PLACE OF DEATH a. COUNTY <u>Butler</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Gillis Bluff Twp</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Black River Bridge on Highway #53</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Gillis Bluff Twp</u> d. STREET ADDRESS (If rural, give location) <u>Gulin, Missouri-Rte. 0120 Mo</u>
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3. NAME OF DECEASED (Type or Print) <u>JAMES FLOYD WRIGHT</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>March 29, 1952</u>	9. AGE (In years last birthday) <u>1</u>	10. IF UNDER 1 YEAR (Months) <u>7</u>	11. IF UNDER 24 HRS. (Hours) <u>16</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Gulin, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mayer Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Viola Davis</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mayer Wright, Gulin, Missouri</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>crushed by own automobile</u> DUE TO (c) <u>by backing car over body</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>012</u> (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 15 - 53 11:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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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 11:20 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas A. Poppa Coronel</u>	23b. ADDRESS <u>Bluff Mo</u>	23c. DATE SIGNED <u>Nov 25 - 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gulin, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gulin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/27/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 30 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.