

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1743

State File No. ....

FILED FEB 2 1954

BIRTH NO. .... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (in this place) TOWNSHIP) <b>YEARS</b>	c. CITY OR TOWN <b>JOPLIN</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>1222 PEARL</b>		e. STREET ADDRESS (If rural, give location) <b>1222 PEARL</b> <span style="float: right;">0495</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>LOUISA</b> c. (Last) <b>WRIGHT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 20, 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG 24, 1873</b>
9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <b>80</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>GLENWOOD, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ELIAS E. BARKER</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH E. JOHNSON</b>	14. NAME OF HUSBAND OR WIFE <b>REV. J. O. WRIGHT (DEC'D)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>O. L. WRIGHT, RT 2, SENECA, MO.</b>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Urosepsis</b>		ANTECEDENT CAUSES DUE TO (b) <b>Ascending Urinary Infection</b>	
DUE TO (c) <b>Transverse Myelitis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis and Senile changes.</b>	
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) (COUNTY) (STATE) <b>343X</b>	
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 <b>Dec 17, 1952</b> , to <b>Jan 20, 1954</b> , that I last saw the deceased alive on <b>Jan 19, 1954</b> , and that death occurred at <b>12:30 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Chas. B. Jozeust D.O.</b>		23b. ADDRESS <b>Success Bldg. Joplin Mo</b>	23c. DATE SIGNED <b>1/22/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-22-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE</b>	24d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MO.</b>
DATE REC'D BY LOCAL REG. <b>1-26-54</b>	REGISTRAR'S SIGNATURE <b>138</b> <i>by ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	

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

FEB 1 1954

RECEIVED

Jasper County Health Office

County File Number 54-2-80

Date Filed FEB 1 1954

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.....  
Signature of Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 231

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.