

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1778

State File No.

FILED JAN 26 1954

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 11

0490
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Webb City Mineral		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moxett MO, 0051	
c. LENGTH OF STAY (in this place) 1 yr 10 mo.		d. STREET ADDRESS (If rural, give location) 901 Central St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper County Tuberculosis			

3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) Bass c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 17, 1872	9. AGE (In years last birthday) 87	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) McDonald County Missouri	
13a. FATHER'S NAME J. J. Bass			13b. MOTHER'S MAIDEN NAME Mary Henderson		14. NAME OF HUSBAND OR WIFE J. J. Solon Wright
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. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Records Bureau	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis				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. Semility				

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)	002 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 30, 1952, to Jan. 19, 1954, that I last saw the deceased alive on Jan. 19, 1954, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. L. Raney M.D.	(Degree or title)	23b. ADDRESS P. O. Box 390; Webb City, Mo.	23c. DATE SIGNED Jan. 19, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 21-54	24c. NAME OF CEMETERY OR CREMATORY Pierce City Cemetery	24d. LOCATION (City, town, or county) (State) South of pierce city Mo.
DATE REC'D BY LOCAL REG. 1-21-54	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bonnet H. Worthington Moxett Mo	

RECEIVED JAN 25 1954
Jasper County Health Office
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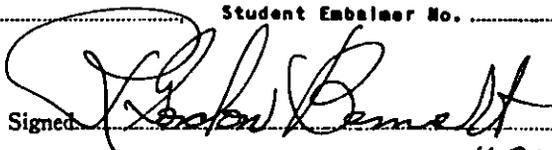
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed 

Licensed Embalmer No. 4213

P. O. Address Monett 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.