

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18740
Registrar's No. 11

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Heward</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Chicago</u> | |
| c. LENGTH OF STAY (In the place) <u>42 hrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>4859 South Langley</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Glasgow Medical Clinic</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>LARKIN</u> b. (Middle) <u>DAVIS</u> c. (Last) <u>WRIGHT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1954</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>January 30, 1903</u> |
| 9. AGE (In years last birthday) <u>51</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pullman Porter</u> | 11. KIND OF BUSINESS OR INDUSTRY <u>Pullman Co.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Green Wright</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Holliday</u> | 14. NAME OF HUSBAND OR WIFE <u>Deannette Perkins Wright</u> | |
| 15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NUMBER <u>Not available</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Stanley Jensen</u> ADDRESS <u>4859 South Langley Chicago</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion, acute (thrombotic)</u> 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 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) <u>4201</u> | |
| 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>6-7, 1954</u> , to <u>6-7, 1954</u> , that I last saw the deceased alive on <u>6-7, 1954</u> , and that death occurred at <u>6:50 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>William C. Allen MD</u> | | 23b. ADDRESS <u>Glasgow, Mo.</u> | 23c. DATE SIGNED <u>6-7-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>June 8, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u> | 24d. LOCATION (City, town, or county) (State) <u>Chicago Illinois</u> |
| DATE REC'D BY LOCAL REG. <u>6-7-1954</u> | REGISTRAR'S SIGNATURE <u>Walker Audsley</u> | 410 FUNERAL DIRECTOR'S SIGNATURE <u>Audsley-Stremont</u> | ADDRESS <u>Glasgow Mo</u> |

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

JUN 23 1938

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 W. H. Greenmonth

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.