

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 109

| | | | |
|------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Neosho</u>) | c. LENGTH OF STAY (In this place) <u>50yrs.</u> | c. CITY OR TOWN <u>Neosho,</u> | d. Is 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 <u>Sales Memorial Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>428 Baxter St.</u> | |

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|----------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>C.</u> c. (Last) <u>Wright</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15 1954</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>— 1878</u> |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist (retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Chemist</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vermont</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Addie 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>Addie Wright Neosho, Mo.</u> |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| 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 <u>1 year</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left lung</u> | | |
| | ANTECEDENT CAUSES Morbidity 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. | | | |

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|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>103X</u> | 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) |
| 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 JAN 1952, to 15 Oct 1954, that I last saw the deceased alive on 19 Oct 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

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|----------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Neosho Mo</u> | 23c. DATE SIGNED <u>18 Oct 54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-18-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-19-54</u> | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> <u>2230</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark-Bigham Mortuary Neosho Mo.</u> |

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 1154-218
Date Filed NOV 6 1954

NEOSHO, MISSOURI

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 Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4646

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