

No. 48

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40361

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 203

1. PLACE OF DEATH
a. COUNTY Cass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cass

b. CITY (If outside corporate limits, write RURAL and give township) Harrisonville

c. CITY OR TOWN Rural Cass d. Is Residence within limits of a city or incorporated town? Yes

c. LENGTH OF STAY (in this place) 2 hr

e. STREET ADDRESS (If rural, give location) 4 MINE of Harrisonville

3. NAME OF DECEASED
a. (First) LILLIE b. (Middle) Merritt c. (Last) WRIGHT

4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1954

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan 21 1895

9. AGE (in years last birthday) 59 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HR: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Avon (Douglas Co) Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Merritt Alexander Burns

13b. MOTHER'S MAIDEN NAME Venia Neek

14. NAME OF HUSBAND OR WIFE Sam W 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 ADDRESS Ma June Pittinger Harrisonville Mo

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) Hemorrhage Cerebral
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 hours

UNKNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 334 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23 1954, to Dec 23 1954, that I last saw the deceased alive on Dec 23 1954, and that death occurred at 10 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Jargon M.D.

23b. ADDRESS Harrisonville Mo.

23c. DATE SIGNED 12/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 29 - 1954

24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

24d. LOCATION (City, town, or county) Harrisonville Mo.

DATE REC'D BY LOCAL REG. Dec 27 1954

REGISTRAR'S SIGNATURE Rosa Barward 457-01

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Remmenburgin Harrisonville Mo

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



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.. *Ernest R. Remmberg*

Licensed Embalmer No. 330

P. O. Address.. *Harrison*

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.