

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-027381

STATE FILE NUMBER

2-6197

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-56  
2288  
2069  
1  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 17 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION H.G. Phillips		d. STREET ADDRESS 1472 BLACKSTONE	
3. NAME OF DECEASED (Type or print) Lovell <sup>First</sup> LOVELL <sup>Middle</sup> W <sup>Last</sup> WRIGHT		4. DATE OF DEATH 6 27 59	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-24-35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATTERS		10b. KIND OF BUSINESS OR INDUSTRY CAFE	
11. BIRTHPLACE (City and state or country) WEST POINT, MISS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN THOMAS WRIGHT		14. MOTHER'S/MAIDEN NAME HENNERITH WILSON	
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. 426-68-7038	
17. INFORMANT Annie Ireland		Address 1472 BLACKSTONE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Massive Subdural Hemorrhage (Traumatic)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Suspect in beating by Paul Rowell Walker at home about 330 a.m. June 27, 1959.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II, if item 18.) at home about 330 a.m. June 27, 1959.	
20c. TIME OF INJURY 330 a.m. 6-27-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION St. Louis		20f. COUNTY, STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Simon Coroner		22b. ADDRESS 300 Clark	
22c. DATE SIGNED 6/30/59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) removed		23b. DATE 7-1-59	
23c. NAME OF CEMETERY OR CREMATORY Aman, Mississippi		23d. LOCATION (City, town or county) (State) Mississippi	
24. FUNERAL DIRECTOR Raymond A. Anderson 4487 Jimmy Ave		25. DATE RECD. BY LOCAL REG. JUN 30 '59	
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.		27. REGISTRAR'S SIGNATURE m JB	

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.....  
*Donald Jamison*

Licensed Embalmer No. 50.....

P. O. Address 509 W. 1st St. Kansas City, 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.