

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 1 6 2

FILED VS DEC 22 1959

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 473

ENDED

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FLAT RIVER</u>		Length of stay in 1b		c. CITY OR TOWN <u>FLAT RIVER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FLAT RIVER</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>SILAS</u> Middle Last <u>WRIGHT</u>				4. DATE OF DEATH Month <u>DEC</u> Day <u>12</u> Year <u>1959</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 10, 1888</u>	
9. AGE (last birthday) <u>74</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>Retired Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST FRANCOIS county U.S.A.</u>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>ABE WRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BENNETT</u>	
14. NAME OF HUSBAND OR WIFE <u>JENNIE 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>799-03-5560</u>		17. INFORMANT Address <u>JENNIE E. WRIGHT FLAT RIVER</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis c Complete</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>left hemiplegia</u>							
DUE TO (c) <u>arteriosclerosis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec 10, 1959</u> <u>Dec 12</u> and last saw <u>him</u> live on <u>Dec 10, 1959</u> Death occurred at <u>10:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R.A. Buckstep M.D.</u>				22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>12/14/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>DEC 15, 1959</u>		<u>PARKVIEW CEMETERY</u>		<u>NEAR FARMINGTON, MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>R. CALDWELL & SONS FLAT RIVER, MO</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 14, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Catherine Rudloff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DEC 29 19

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Donald Dale Caldwell, Student Embalmer No. 587

working under my personal supervision.

Student Donald Dale Caldwell Signed R. Caldwell
Signature of Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River

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.