

RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-014004

FILED VS MAR 17 1960

Registration District No. 374

Primary Registration District No. 2547

Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Worth County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) Grant City Missouri		Length of stay in 1b 9 months		c. CITY OR TOWN Grant City Missouri		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) Grant City Nursing Home		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS 4 miles west of Grant City		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First John Middle Byron Last Wright				4. DATE OF DEATH Month February Day 13 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH January-13-1868-92	9. AGE (last birthday) 92		IF UNDER 1 YEAR Months 1 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming retired		11. BIRTHPLACE (City and state or country) Grant City Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME C.C. Wright		13b. MOTHER'S MAIDEN NAME Mary Faubion		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Goldie Thompson Grant City Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) TOXEMIA DUE TO (c) INFLUENZA						INTERVAL BETWEEN ONSET AND DEATH 12 HOURS 3 DAYS 6 DAYS	
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 1953 , to Feb 13, 1960 and last saw him alive on Feb 13, 1960 Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Richard L. Swift DO (Degree or title)				22b. ADDRESS Grant City, Mo		22c. DATE SIGNED Feb 13, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 15 - 1960	23c. NAME OF CEMETERY OR CREMATORY Mt Vernon Cemetery		23d. LOCATION (City, town, or county) (State) 6 miles West Grant City Mo			
24. FUNERAL DIRECTOR John Andrews		ADDRESS Grant City Mo		25. DATE RECD. BY LOCAL REG. March 7 - 1960		26. REGISTRAR'S SIGNATURE Eda E. Dawson	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City

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.