

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013837

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 347 Primary Registration District No. 6165 Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 3 1962

VS 300
Rev. 4/59

1 1/21/0
2 10401
3
4 0
5 1
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7 0
8 2
9 9121
10 3
11 104
12 1240-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hurley Township</u>		Length of stay in 1b <u>68 years</u>		c. CITY OR TOWN <u>Crane, Route #2</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 1/2 Miles SE of Hurley</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 1/2 Miles SE of Hurley</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Andy</u> Last <u>Wright</u>			4. DATE OF DEATH Month <u>March</u> Day <u>24</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/7/1894</u>	9. AGE (last birthday) <u>68</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming-Stockman</u>		11. BIRTHPLACE (City and state or country) <u>Hurley, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James Pleasant Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Frances Flood</u>	
14. NAME OF HUSBAND OR WIFE <u>Hooton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WW One</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Mrs. Ida Wright, Rt. #2, Crane, Missouri</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
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 checked="" 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.) <u>Farm Tractor over turned crushing skull</u>			
20c. TIME OF INJURY Hour <u>11</u> a.m. <u>Mar</u> 24 1962 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		20f. CITY, TOWN, OR LOCATION <u>R#2 Crane</u>		COUNTY STATE <u>Stone Missouri</u>	
21. Completed at or near the scene of death <u>I saw the deceased after death</u> last saw <u>him</u> alive on <u>11</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>[Redacted]</u>					
22a. SIGNATURE <u>George H. Maulore</u>		(Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Crane, Missouri</u>	
22c. DATE SIGNED <u>3/27/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/27/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clever, Missouri</u>			
24. FUNERAL DIRECTOR <u>J. Alan Harris,</u>		ADDRESS <u>Clever, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 30, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u>					

USE BLACK INK OR TYPEWRITER RIBBON

APR 4 1962

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 John Harris

Licensed Embalmer No. 4390

P. O. Address Clever 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.

Permit Secured
Mar 25, 1962