

FILED JUL 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23816

|   |                        |  |                             |  |
|---|------------------------|--|-----------------------------|--|
| BIRTH NO. _____   |                        | REG. DIST. NO. 150   | PRIMARY REG. DIST. NO. 4239 | Registrar's No. 113  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jackson   |                             |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit   |                        | c. LENGTH OF STAY (in this place) 25 Yrs   |                             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 110 East 4th St.  |                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit,   |                             |  |
|   |                        | d. STREET ADDRESS (If rural, give location) 110 East 4th   |                             |  |
| 3. NAME OF DECEASED<br>a. (First) Harriet   |                        | b. (Middle) Viola  |                             | c. (Last) Wright   |
| 4. DATE OF DEATH June 24 1949   |                        |  |                             |  |
| 5. SEX F  | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed   | 8. DATE OF BIRTH 12-30-1877 | 9. AGE (In years last birthday) 71   |
|   |                        |  |                             | IF UNDER 1 YEAR Months 5 Days 23   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife   |                        | 10b. KIND OF BUSINESS OR INDUSTRY  |                             | 11. BIRTHPLACE (State or foreign country) Lee's Summit, Mo.                      |
| 12. CITIZEN OF WHAT COUNTRY? Yes  |                        |  |                             |  |
| 13a. FATHER'S NAME Peter S. Dickhout  |                        | 13b. MOTHER'S MAIDEN NAME Eliza Jane Sweetland   |                             | 14. NAME OF HUSBAND OR WIFE W. W. Wright   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |                        | 16. SOCIAL SECURITY NO. None   |                             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Wright, Lee's Summit, Mo.       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                             | INTERVAL BETWEEN ONSET AND DEATH 7 Yrs   |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION   |                             | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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)                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                             | 21f. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from 11-22, 1948, to 6-24, 1949, that I last saw the deceased alive on 6-24, 1949, and that death occurred at 3:30 A.M., from the causes and on the date stated above.      |                        |  |                             |  |
| 23a. SIGNATURE (Degree or title) W. W. Wright   |                        | 23b. ADDRESS Lee's Summit Mo.  |                             | 23c. DATE SIGNED 6-25-49   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                        | 24b. DATE 6-26-1949  |                             | 24c. NAME OF CEMETERY OR CREMATORY Lee's Summit,                                 |
|   |                        |  |                             | 24d. LOCATION (City, town, or county) Lee's Summit, Mo.                          |
| DATE REC'D BY LOCAL REG. 6-28-49  |                        | REGISTRAR'S SIGNATURE Donald C. Carshaw  |                             | 25. GENERAL DIRECTOR'S SIGNATURE ADDRESS   |

JUL 19 RECD

JUL 21 1924

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.

Signed \_\_\_\_\_

*W. B. Langford*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

3833

P. O. Address \_\_\_\_\_

*Lees Summit*

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 this body is not embalmed, fact should be so stated above.