

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37678
4932

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH <i>Memorial Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>Jackson</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hickman Mills 0487</i>	
c. LENGTH OF STAY (In this place) <i>2hr. 40min</i>		d. STREET ADDRESS (If rural, give location) <i>Route # 4 Drive 11102 Applewood</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <i>William</i>			11 - 16 - 51				
b. (Middle) <i>Pearl</i>							
c. (Last) <i>Wright</i>							
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>4-23-80</i>	9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work including street of working life, even if retired) <i>Retired Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Carpenter</i>		11. BIRTHPLACE (State or foreign country) <i>Illinois (Coles Co)</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Robert H. Wright</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Son</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>495-05-587A</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Don E. Wright, Raytown, Missouri</i>	ADDRESS.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>Hypertension, intermittent 3 wks</i>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Oct. 25, 1951*, to *Nov. 15, 1951*, that I last saw the deceased alive on *Nov. 15, 1951*, and that death occurred at *2:45 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>S. D. Hooper</i> (Degree or title) <i>MD</i>	23b. ADDRESS <i>Grandview, Mo.</i>	23c. DATE SIGNED <i>Nov 16, 51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Mar 19 51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calnwood Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City Missouri</i>
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DATE REC'D BY LOCAL REG. <i>11-17-51</i>	REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>D. H. Newcome, Jr.</i>	ADDRESS <i>Raytown, Kansas City, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

07-5092
3-4

PROCESSED BY THE VETERANS BUREAU

AMERICAN VETERANS ASSOCIATION

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
Student Embalmer

Signed *Robert H. Hanson*

Licensed Embalmer No. *4849*

P. O. Address *W. Va.*

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.

DATE OF EMBALMING