

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19408**

FILED JUL 7 1952

BIRTH NO.		REG. DIST. NO. <b>38</b>	PRIMARY REG. DIST. NO. <b>5122</b>	Registrar's No. <b>173</b>
1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b> <b>0100</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hallsville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hallsville</b> <b>0</b>		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Route 1 Rocky Fork Twp</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 1</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1952</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>WALTER</b>		c. (Last) <b>WRIGHT</b>
5. SEX <b>Male</b> <input checked="" type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 8, 1878</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>73 10 21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Caudrain County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>George Wright</b>		
13b. MOTHER'S MAIDEN NAME <b>Minerva Sims</b>		14. NAME OF HUSBAND OR WIFE <b>Bernice Quisenberry Wright</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. G.W. Wright Hallsville Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic congestive Heart failure</b> DUE TO (c) <b>arteriosclerosis, general, severe</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few seconds</b> <b>6 years</b> <b>10+ yrs.</b>
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? <b>4201</b> 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) <b>Hallsville Boone Mo</b>
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?
22. I hereby certify that I attended the deceased from <b>Apr 10, 1952</b> , to <b>June 19, 1952</b> , that I last saw the deceased alive on <b>June 19, 1952</b> , and that death occurred at <b>7:00 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>R. J. Edmondson M.D.</b>		23b. ADDRESS <b>Centralia Mo.</b>		23c. DATE SIGNED <b>July 3, 52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 1, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parsons Funeral Service, Columbia, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>July 5 1952</b>		REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer 31-5</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Clarence M. Beller*

Licensed Embalmer No. *4375*

P. O. Address *Columbia, 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 this body is not embalmed, fact should be so stated above.