

27545

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Dr.
FILED SEP 9 - 1952

BIRTH NO.		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>220</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Jefferson City</u>)		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		<u>264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>915 Fairmount Blvd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u>		b. (Middle) <u>Clayton</u>		c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July-2-1903</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Highway</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas H. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Madden</u>		14. NAME OF HUSBAND OR WIFE <u>Bonnie L. Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>189-20-2355</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bonnie L. Wright, Jefferson City, Mo</u>			
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) <u>Gastrointestinal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of pancreas</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>5-6 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				21g. <u>157 X</u>	
22. I hereby certify that I attended the deceased from <u>7-15-52</u> to <u>8-31, 1952</u> , that I last saw the deceased alive on <u>8/31, 1952</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) <u>C. S. Jones M.D.</u>				23b. ADDRESS <u>503 E. High St</u>		23c. DATE SIGNED <u>9/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-3-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 6-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Ford</u>		ADDRESS <u>Jefferson City, Mo</u>	
(Licensed Embalmers' Statement on Reverse Side)							

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

S. No. 300
V. 10.48

0264

VS APR 20 1982

SEP 8 1982

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 *Shap J. Green*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City, 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.