

S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38228**

FILED DEC 10 1952

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 522		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-BOONE		c. LENGTH OF STAY (in this place) 80 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gerald - Gerald Mo			
d. FULL NAME OF (If not in hospital or institution, give street address or location) Res. Gerald Mo				d. STREET ADDRESS (If rural, give location) Route 1 0369			
3. NAME OF DECEASED (Type or Print) a. (First) Henry F b. (Middle) Wright c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 11 21 52				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 3-21-65		9. AGE (In years last birthday) 87	If under 1 YEAR Months 8 Days 0	If under 4 HRS. Hours 0 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dairy farmer		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE May Louisa Wright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Leslie Morgan Gerald			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) Arterial Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) _____		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 June , 1952, to 11-21 , 1952, that I last saw the deceased alive on 11-21 , 1952, and that death occurred at 9 A m., from the causes and on the date stated above.							
23a. SIGNATURE Chris Schmidt (Degree or title)				23b. ADDRESS Gerald Mo		23c. DATE SIGNED 11-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-52	24c. NAME OF CEMETERY OR CREMATORY St Paul		24d. LOCATION (City, town, or county) (State) Gerald Franklin Mo		
DATE REC'D BY LOCAL REG. 11-22-52		REGISTRAR'S SIGNATURE H K Heather		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer Gerald Mo			

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

Stanley E. Meyer

Licensed Embalmer No. *4639*

P. O. Address *Gravel, 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.