

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6747**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4295** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Mo</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Whiteside</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Whiteside</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Chamb</b> c. (Last) <b>Wright</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 12 1965</b>		9. AGE (In years last birthday) <b>87</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Harmonizing</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pike Co. Mo</b>	
13a. FATHER'S NAME <b>Charles R. Wright</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Ogden</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Wright</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edward Post Whiteside</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>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatectomy</b>		
DUE TO (c)		<b>1 year</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? 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) (Min)		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 **Jan 30, 1953** to **Feb 9, 1953**; that I last saw the deceased alive on **Jan 30, 1953**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. M. Penick M.D.</b> (Degree or title)		23b. ADDRESS <b>Sibley, Mo.</b>		23c. DATE SIGNED <b>Feb 11 '53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2 12 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grubbs</b>	
24d. LOCATION (City, town, or county) <b>Pike Co. Mo</b>		24e. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG <b>Feb 26/53</b>		REGISTRAR'S SIGNATURE <b>Mrs. Chessie Kientz</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Dan School Banking</b>	
ADDRESS _____		ADDRESS _____			

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

0570

S. No. 300  
10-46 F

FILED FEB 27 1953

MAR 11 1959

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Harold C. Kirke

Signed.....  
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.