

APR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14886

| | | | | | | | | | |
|---|--|--|---|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 392 | | PRIMARY REG. DIST. NO. 4276 | | Registrar's No. 2 | | | |
| 1. PLACE OF DEATH a. COUNTY Lawrence | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Lawrence | | | | | |
| b. CITY OR TOWN Piceance City | | c. LENGTH OF STAY (in this place) 3 yrs | | c. CITY OR TOWN Piceance City | | 0550 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION W. Washington | | | | d. STREET ADDRESS (If rural, give location) W. Washington | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Wright | | | 4. DATE OF DEATH (Month) (Day) (Year) 4 16 53 | | | | | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | | 8. DATE OF BIRTH 6/21/1874 | | | |
| 9. AGE (in years last birthday) 78 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fanning | | 10b. KIND OF BUSINESS OR INDUSTRY Fanning | | 11. BIRTHPLACE (State or foreign country) Lawrence County, MO | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. C. | | 13a. FATHER'S NAME William Penn Wright | | 13b. MOTHER'S MAIDEN NAME Nuntka White | | 14. NAME OF HUSBAND OR WIFE Nettie Wright deceased | | | |
| 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. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME Glen Wright | | ADDRESS P. C. | | | |
| 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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days 9 days | |
| 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) 332X | | | | | |
| 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 Feb 1947, to April 6, 1953, that I last saw the deceased alive on Apr 15, 1953, and that death occurred at 11:05 P.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE F. Y. Edwards MD (Degree or title) | | | | 23b. ADDRESS Monett, MO | | 23c. DATE SIGNED Apr 21, 1953 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/19/53 | | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 24d. LOCATION (City, town, or county) (State) Piceance City MO | | | |
| DATE RECD BY LOCAL REG. APR 27 1953 | | REGISTRAR'S SIGNATURE J. H. Davis | | 25. FUNERAL DIRECTOR'S SIGNATURE Wm J. Wessell | | ADDRESS Piceance City MO | | | |

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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 me

.....
working under my personal supervision.

Student Embalmer No.

Signed R. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Summit, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.