

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32318**
Registrar's No. **26**

OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5652**

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

1. PLACE OF DEATH a. COUNTY Lawrence b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Phelps Greene c. LENGTH OF STAY (in this place) Native d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Phelps Greene d. STREET ADDRESS (If rural, give location) 0550		
3. NAME OF DECEASED (Type or Print) a. (First) Ezra b. (Middle) Oscar c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) 7-20-1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-26-1873		
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 4 Days 24	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Alba Indiana	
12. CITIZEN OF WHAT COUNTRY? Native		13a. FATHER'S NAME Isaac Wright			
13b. MOTHER'S MAIDEN NAME Mary Harkless		14. NAME OF HUSBAND OR WIFE Stepha 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. None		17. INFORMANT'S SIGNATURE OR NAME Everett Wright	
17. ADDRESS Miller Mo.		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
18. INTERVAL BETWEEN ONSET AND 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) 331X	
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 7-1, 1953, to 7-20, 1953, that I last saw the deceased alive on 7-20, 1953, and that death occurred at 10a m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. S. Burney M.D.			23b. ADDRESS 74 Miller Mo.		23c. DATE SIGNED 9-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-22-53	24c. NAME OF CEMETERY OR CREMATORY Goss		24d. LOCATION (City, town, or county) (State) S. of Phelps Mo.
DATE REC'D BY LOCAL REG. 9-20-53		REGISTRAR'S SIGNATURE W. S. Burney		25. FUNERAL DIRECTOR'S SIGNATURE Morris Luman	
ADDRESS Miller Mo.					

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 _____

S. R. Seiman

Licensed Embalmer No. 3297

P. O. Address _____

Miller 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.