

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32592**

FILED OCT 5 1953

Registrar's No. **291**

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 291	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1500 So. Stewart				e. STREET ADDRESS (If rural, give location) 0800 Hwy 65			
3. NAME OF DECEASED (Type or Print) a. (First) Forrest		b. (Middle)		c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) Sept 23 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 19-1899	
9. AGE (In years last birthday) 54		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Scotland Ill		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME William C. Wright		13b. MOTHER'S MAIDEN NAME Ivretta Hays Wright		14. NAME OF HUSBAND OR WIFE Mrs Nina Mae Wright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Nina Mae Wright Sedalia			
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) Acute coronary thrombosis ANTECEDENT CAUSES DUE TO (b) Previous coronary thrombosis DUE TO (c) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 min 6 months 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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) m.		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 9-23 , 19 53 , to 9-23 , 19 53 , that I last saw the deceased alive on 9-23 , 19 53 , and that death occurred at 4 PM m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Daniel R. Edwards M.D.		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 9-24-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-26-53		24c. NAME OF CEMETERY OR CREMATORY La Monte Cemetery La Monte Mo		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. 9-26-53		REGISTRAR'S SIGNATURE A. C. Campbell M.D.		FUNERAL DIRECTOR'S SIGNATURE M. J. McLaughlin Bros		ADDRESS Sedalia	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY
6 1954

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 315-

P. O. Address Sadal

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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