S. No. 300
Rev. 10.48

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

FILED NOV 19 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38689

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4486 Registrar's No. 62

0361 0

**1. PLACE OF DEATH**
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
c. LENGTH OF STAY (In this place): 2 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NORTHSIDE HOSP.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STANTON 0360
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print): a. (First) THOMAS b. (Middle) LESLIE c. (Last) WRIGHT

**4. DATE OF DEATH** (Month) NOV (Day) 13 (Year) 1953

**5. SEX** MALE 0

**6. COLOR OR RACE** WHITE

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED

**8. DATE OF BIRTH** APRIL 17-1885

**9. AGE** (In years last birthday): 68 — If under 1 year: Months 6, Days 26; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): MINER

**10b. KIND OF BUSINESS OR INDUSTRY**: MINING

**11. BIRTHPLACE** (City and State or Foreign Country): CHERRYVALLEY, MO.

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME**: ANDREW WRIGHT

**13b. MOTHER'S MAIDEN NAME**: DRUSCILLA QUEEN

**14. NAME OF HUSBAND OR WIFE**: MYRTLE McCOY WRIGHT

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 496-14-9635

**17. INFORMANT'S SIGNATURE OR NAME**: GLADYS STROTHCAMP — ADDRESS: STANTON 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart ~~Disease~~ Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic Myocarditis

DUE TO (c) Valvular Heart Disease — 10 yrs.

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** 4214

**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* 10/8, 1948, *to* NOV 13, 1953, *that I last saw the deceased alive on* NOV 13, 1953, *and that death occurred at* 11:50A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John J. deLaiarme MD

**23b. ADDRESS**: 110 N Clark Sullivan Mo

**23c. DATE SIGNED**: 11/14/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL

**24b. DATE**: NOV. 16, 1953

**24c. NAME OF CEMETERY OR CREMATORY**: STANTON

**24d. LOCATION** (City, town, or county): STANTON (State): MO

**DATE REC'D BY LOCAL REG.**: 11/14/53

**REGISTRAR'S SIGNATURE**: Thomas A. Humphrey 496-0

**25. FUNERAL DIRECTOR'S SIGNATURE**: Walter Eaton — **ADDRESS**: Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 T. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.