

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38822**

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>1034</b>	
1. PLACE OF DEATH a. COUNTY <b>Groene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lebanon T. S.</b>		d. STREET ADDRESS (If rural, give location) <b>Linn Creek Star Rt.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hosp.</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <b>George</b> (Type or Print)			b. (Middle) <b>Roy</b>		c. (Last) <b>Wright</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15 1953</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 17 1887</b>		9. AGE (In years last birthday) <b>66</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 100 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Laclede Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Lewis P. Wright</b>			13b. MOTHER'S MAIDEN NAME <b>Pernecia E. Lillard</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Mae Wright</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 12/31/1915 to</b>			16. SOCIAL SECURITY NO. <b>497-12-6922</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Wright Lebanon Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>5/28/1917</b>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus, Multiple</b>				DUE TO (b) <b>Adeno-Carcinoma of Prostate</b>			<b>5 days</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <b>Orchietomy</b>			<b>18 days</b>
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (b) <b>Transurethral Prostatic Resection</b>			
19a. DATE OF OPERATION <b>OCT. 29 Nov. 3, 1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of Prostate</b>				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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11-10-53</b> , to <b>11-15</b> , 1953, that I last saw the deceased alive on <b>11-15</b> , 1953, and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>William J. Paul, M.D.</b>				23b. ADDRESS <b>609 Cherry, Springfield, Mo.</b>		23c. DATE SIGNED <b>11/18/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11/18/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon</b>		24d. LOCATION (City, town, or county) (State) <b>Lebanon Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-21-53</b>		REGISTRAR'S SIGNATURE <b>Earl Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Palmer Lebanon Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*S. R. Palmer*

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.