

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4646

State File No.

BIRTH CLINTON FEB 22 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2023 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>21 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		0422
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>East Ohio Street</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harrison</u> b. (Middle) <u>Henry</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 13, 1889</u>	9. AGE (In years last birthday) <u>64</u>	# UNDER 1 YEAR <u>11</u> Months	# UNDER 1 YEAR <u>4</u> Days	# UNDER 1 MIN. <u>0</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cemetery Sexton</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lowry City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Van D. Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Amie Ann Riddle</u>	14. NAME OF HUSBAND OR WIFE <u>Allie V. Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-05-9225</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Allie V. Wright, Clinton, Mo.</u>	ADDRESS
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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) <u>Collapse Due to Pulmonary Embolism 21 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation & mural thrombosis</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1st degree heart block & L.B.B.B.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27, 1954 to 2-17, 1954, that I last saw the deceased alive on 2-17, 1954 and that death occurred at 8:25 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Gus J. Wright, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>Feb 17 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb-19-54</u>	REGISTRAR'S SIGNATURE <u>Florence (L) Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Hausant</u>	ADDRESS <u>Clinton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
422

1951 28 MAR

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 W. A. Varsant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.