

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5726 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> <u>0610</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL Anabel Middle Fork</u>	c. LENGTH OF STAY (in this place) <u>70Yrs</u>	c. CITY OR TOWN <u>Anabel</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>D</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27th 1955</u>		
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>Jan 20th 1881</u>	9. AGE (In years last birthday) <u>74</u>	if UNDER 1 YEAR Months <u>2</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Milton C Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Mary</u>	14. NAME OF HUSBAND OR WIFE <u>Lula Wright</u>	<u>Anabel Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lula Wright Anabel Mo.</u>	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) _____		
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 <u>4200</u>	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) (Minute)	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 Dec 1953, to 3/27, 1955 that I last saw the deceased alive on 3/20, 1955, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James E. Campbell M.D.</u>	23b. ADDRESS <u>Macon Mo</u>	23c. DATE SIGNED <u>3/30/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>31 30th 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graves Chapel</u>
DATE REC'D BY LOCAL REG. <u>4/2/55</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> <u>185</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkelaw &amp; Hawkins Clarence Mo</u>

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

APR 28 1955

RECEIVED 4. 7. 55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 1.55.19  
Date Filed 4. 9. 55

APR 6 1961

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 *Henry A. Barkeler*  
Licensed Embalmer No. 38

P. O. Address *Shelburne*

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.