

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12627**
Registrar's No. **76**

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5721**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Macon	
b. CITY OR TOWN Dallas Rural		c. CITY OR TOWN Dallas	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Rural # 2 0010	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) EZRA LAWRENCE WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) 4-8-55		
a. (First)	b. (Middle)	c. (Last)	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-15-92	9. AGE (In years last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Dallas, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	13. KIND OF BUSINESS OR INDUSTRY

13a. FATHER'S NAME James Wright	13b. MOTHER'S MAIDEN NAME Rosa Peterson	14. NAME OF HUSBAND OR WIFE Murtle Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) Yes 1st W. W. 486-38-6559	16. SOCIAL SECURITY NO. 486-38-6559	17. INFORMANT'S SIGNATURE OR NAME Murtle Wright ADDRESS Dallas 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Thrombosis		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive Cardiovascular Disease		DUE TO (b) Spinal Injury
	DUE TO (c) Emphysema, Coughing, Right Aneurysm, Hernia, External Hemorrhoids		DUE TO (c) Random
	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 4201		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 23, 1954** to **4-8-1955**, that I last saw the deceased alive on **4-1-1955** and that death occurred at **PRAN, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE (Print or title) C. L. Decker, D.O.	23b. ADDRESS Macon	23c. DATE SIGNED 4-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-10-55	24c. NAME OF CEMETERY OR CREMATORY Rose Cemetery	24d. LOCATION (City, town, or county) (State) Dallas Mo
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DATE REC'D BY LOCAL REG. 4/16/55	REGISTRAR'S SIGNATURE W. M. Neely	25. FUNERAL DIRECTOR'S SIGNATURE H. E. Edwards	ADDRESS Berwick Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

610

APR 26 1955

(19)

RECEIVED 4.19.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 4.56.54
Date Filed 4.22.55

MAY 9 1955

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 *H. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Brewer 2*

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.