

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5948

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>69</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Randolph</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (If this place) <u>1 week</u>		c. CITY OR TOWN <u>Moberly</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED				4. DATE OF DEATH				
a. (First) <u>GEORGE</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>WRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March-7-1956</u>		
(Type or Print)								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb-14-1893</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Repairman Behind</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>E.C. Wright</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Wright</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Garnita Stodgell</u> ADDRESS <u>Moberly Mo</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia</u>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
				DUE TO (b) _____				
				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>				
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			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) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Mar 5</u> , 19 <u>54</u> , to <u>Mar. 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Mar. 6</u> , 19 <u>56</u> , and that death occurred at <u>145 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Will Henry</u> (Degree or title) _____				23b. ADDRESS <u>Moberly, Missouri</u>		23c. DATE SIGNED <u>3-7-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb-9-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-9-56</u>		REGISTRAR'S SIGNATURE <u>Seaher Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u> ADDRESS <u>Moberly Mo.</u>				

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

MAR 30 1956

APR 17 1956

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.....  
*R. M. Carter*

Licensed Embalmer No. *4117*

P. O. Address *Mobile, Ala.*

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.