

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23195

State File No.

FILED JUL 23 1956

No. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>2315</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>Tuscumbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0666 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>WRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1956</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>DEC. 21, 1888</u>		9. AGE (In years last birthday) <u>67</u>	# UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL CARRIER - Rural</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>GREEN LEE WRIGHT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY EMMA BOYCE</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth ?</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-01-9122</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. N. L. Wright</u> ADDRESS <u>Tuscumbia, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Cerebral Vascular hemorrhage left parietal area</u>				<u>3 hrs.</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombocytopenia Purpura,</u> DUE TO (c) <u>lymphocytic leukemia,</u> <u>acute</u>				<u>2 wks.</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>1 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		<u>2040</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>2-7-1956</u> , to <u>7-21-1956</u> , that I last saw the deceased alive on <u>7-21-1956</u> , and that death occurred at <u>7:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kendall A. Clark, M.D.</u>				23b. ADDRESS <u>515 E. High Jefferson City, Mo.</u>		23c. DATE SIGNED <u>7-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (Rural)</u>		24b. DATE <u>July 23, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tuscumbia</u>		24d. LOCATION (City, town, or county) (State) <u>Tuscumbia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>23 July 1956</u>		REGISTRAR'S SIGNATURE <u>R. P. Darrin M.D. - MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis A. Phillips</u>		ADDRESS <u>Toldan</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

680

NOV 21 1958

MAR 25 1957

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 *Louis D. Phillips*

Licensed Embalmer No. *366*

P. O. Address *Cedar*

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.