

FILED OCT 31 1956

STANDARD CERTIFICATE OF DEATH

33105

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant wp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Butler		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 4 Butler Mo.		Length of stay in 1b 53 yrs	d. STREET ADDRESS Rt 4 Butler Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) WALTER R. WRIGHT			4. DATE OF DEATH Month Oct Day 19 Year 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 21/1883		9. AGE (In years ^{at birth}) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general farm		11. BIRTHPLACE (City and state or country) Powell Co Kentucky	
13. FATHER'S NAME Pater A Wright			14. MOTHER'S MAIDEN NAME Annie Schimfessel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Glem Wright-Butler Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Submenary edema					INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) acute pneumonia					24 hrs
DUE TO (c) chronic bronchiolases					15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 490X		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug. 1940 to Oct. 18-1956 and last saw her alive on Oct. 18-56 Death occurred at Oct 19/56 4:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. D. Latture, M.D.			22b. ADDRESS Butler Missouri		22c. DATE SIGNED 10/20/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/21/56	23c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery		23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.			25. DATE RECD. BY LOCAL REG. Oct. 24-56		26. REGISTRAR'S SIGNATURE Kendall Kersey

SEP 18 1967

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 John G. Underwood

Licensed Embalmer No...3585

P. O. Address Butler Miss

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.