

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8119**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **466** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Weatherby)	c. LENGTH OF STAY (In this place) 3 yrs	c. CITY OR TOWN Weatherby	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 home		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Orville	b. (Middle) Fansher	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) 3-4-57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-10-1897
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Merchant		9b. KIND OF BUSINESS OR INDUSTRY Grocery	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A			

13a. FATHER'S NAME John Wright	13b. MOTHER'S MAIDEN NAME Hattie Fansher	14. NAME OF HUSBAND OR WIFE Clara Wright
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. World War 1, 498-24-6112	17. INFORMANT'S SIGNATURE OR NAME Clara Wright	ADDRESS Weatherby Mo
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
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 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? 0 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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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?
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22. I hereby certify that I attended the deceased from **Coroner, notified**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Harold Fowler M.D.	23b. ADDRESS Mayville Mo	23c. DATE SIGNED 3/6/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-1957	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St Joseph Mo
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DATE REC'D BY LOCAL REG. 3-14-57	REGISTRAR'S SIGNATURE Roscoe Davidson	25. FUNERAL DIRECTOR'S SIGNATURE John Bean	ADDRESS Mayville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

820

8561 8 NHT

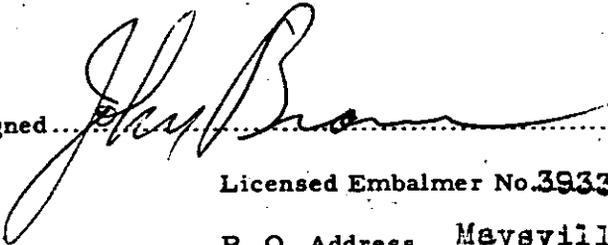
MAR 2 1957

JUN 1 1958

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.....  Licensed Embalmer No. 3933..... P. O. Address..... Maysville M

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.