Health, Welfare Public Service

300 1-57

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4165

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6165 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hurley Township — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Length of stay in 1b: 79 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stone
c. CITY OR TOWN: Billings, Rt. #1 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 miles NE Hurley — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: WASHINGTON Last: WRIGHT

4. DATE OF DEATH: Month Jan. Day 4 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 22, 1878
9. AGE (In years last birthday): 79 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Stone Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Wright
13b. MOTHER'S MAIDEN NAME: Missouri Cox
14. NAME OF HUSBAND OR WIFE: Lula Myrtle Whittenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Lula Wright, Rt.1, Billings, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY - Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: None.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1939. to Jan 4, 1958 and last saw him alive on July 1957
Death occurred at 5:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. P. Lopetto (Degree or title) M. D.
22b. ADDRESS: Aurora, Mo.
22c. DATE SIGNED: 1-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/6/1958
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Crane, Missouri

24. FUNERAL DIRECTOR: J. Dean Harris, ADDRESS: Clever, Mo.
(Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: Jan. 25 - 58
26. REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brosseau per Lena Murray

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 ....J. Dean Harris....

Licensed Embalmer No. 4390

P. O. Address ...Clever, Mo.

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.