

Health, Welfare, Public Service

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018627
STATE FILE NUMBER 2443

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION 2225 Harrison		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 2225 Harrison

3. NAME OF DECEASED (Type or print) First Middle Last Add Wright			4. DATE OF DEATH Month Day Year May-11 1958	
5. SEX 2 Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct-18-1890	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian Drug Co		10b. KIND OF BUSINESS OR INDUSTRY Phone	11. BIRTHPLACE (City and state or county) Sequin, Tex	12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Chas T. Wright		13b. MOTHER'S MAIDEN NAME Laura Jones		14. NAME OF HUSBAND OR WIFE Hester Wright (Dec.)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give nature of service) NO		16. SOCIAL SECURITY NO. 466-18-9211	17. INFORMANT Elizabeth Lee 2225 Harrison St	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Hypertensive Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 1 month
IMMEDIATE CAUSE (a)		
DUE TO (b) Post operative urological infection.		1 month
DUE TO (c) Super pubic surgical puncture-urinary		4 mos.
PART II. OTHER SIGNIFICANT CONDITIONS (Specify those mentioned in PART I (a)) Pulmonary congestive process residual to virus infection.		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.) 608A	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Dec. 10, 1957 to May 10, 1958 and last saw him alive on May 10, 1958		Death occurred at About 1 A.M. 5/11/58 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Printer or title) Lawrence J. Jones, D. O.		22b. ADDRESS Kansas City, Missouri	22c. DATE SIGNED 5/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May-15-1958	23c. NAME OF CEMETERY OR CREMATORY Lincoln Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, MO
24. FUNERAL DIRECTOR C. H. Hest 1729 Lydia		25. DATE RECD. BY LOCAL REG. 5-13-58	26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Clarence Coffey

(Licensed Embalmer's Statement on Reverse Side)

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 *C. M. West*

Licensed Embalmer No. *2718*
P. O. Address *K. C. 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.