

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-188857
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 170 Primary Registration District No. 30.33 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lebanon 65320 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Memo. Length of stay in lb 6 Hrs.		d. STREET ADDRESS (If outside, give location) 402 No. Madison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle J Last Wright			4. DATE OF DEATH Month May Day 29 Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 11 1898
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 Retd.		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Laclede Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Wm. Wright	
13b. MOTHER'S MAIDEN NAME Pernecia Callahan		14. NAME OF HUSBAND OR WIFE Nettie Wright	
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. 443X	17. INFORMANT Address Mrs. Fay James Lebanon 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) Cerebro Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 20 Hours
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Hypertensive Heart Disease			years
DUE TO (c) 443X			
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.)	
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 5-12-1954 , to 5-29-1958 and last saw him alive on 5-29-1958 . Death occurred at 8.30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. R. Summers</i> (Degree or title) D		22b. ADDRESS Lebanon Mo	22c. DATE SIGNED 5-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/31/58	23c. NAME OF CEMETERY OR CREMATORY Lebanon Cty	23d. LOCATION (City, town, or county) (State) Lebanon Mo.
24. FUNERAL DIRECTOR <i>J. R. Palmer</i> ADDRESS Lebanon Mo		25. DATE RECD. BY LOCAL REG. 6-4-1958	26. REGISTRAR'S SIGNATURE <i>Hella L. May</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Received JUN 9 1958
Laclede County Health Unit
File No. 90
Date Filed JUN 9 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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Stanton

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.