

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026484

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>800 N. Prospect</b>		d. STREET ADDRESS (If outside, give location) <b>800 N. Prospect</b>	
3. NAME OF DECEASED (Type or print) First <b>BEULAH</b> Middle <b>IRENE</b> Last <b>WRIGHT</b>		4. DATE OF DEATH Month <b>July</b> Day <b>15</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 22, 1899</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9c. AGE (In years last birthday) <b>58</b>
10a. FATHER'S NAME <b>Robert Wright</b>		10b. MOTHER'S MAIDEN NAME <b>Elizabeth Settles</b>	10c. NAME OF HUSBAND OR WIFE <b>Never Married</b>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		11. SOCIAL SECURITY NO. <b>None</b>	11. INFORMANT Address <b>Arthur Wright, 800 N. Prospect, Sedalia, Mo.</b>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Interstitial Nephritis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized edema Chronic Cholangitis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 years</b> <b>unknown</b>
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 <b>4 p.m.</b> Month, Day, Year <b>Aug 3-1958</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Pettis</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>Aug 3-1958</b> to <b>7-15-58</b> and last saw her alive on <b>7-14-58</b> Death occurred at <b>4 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>A. R. Maddox M.D.</b>	
22b. ADDRESS <b>Sedalia Mo</b>		22c. DATE SIGNED <b>7-16-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 17, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
24. FUNERAL DIRECTOR <b>D. W. Heckert, Sedalia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>July 17-1958</b>	
		26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	

CERTIFICATE OF EMBALMENT

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 Russell P. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.