

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028947

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <b>Holt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mound City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rock Port.</b> <u>0030</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>none</b>		Length of stay in lb	d. STREET ADDRESS <b>none</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>Joseph</b> Last <b>Wright</b>			4. DATE OF DEATH Month <b>8</b> Day <b>17</b> Year <b>1958</b>		
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5. SEX <b>Male</b> <u>0</u>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-19-1877</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Month <b>10</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Glenwood, Ia.,</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13. FATHER'S NAME <b>Walter Joseph Wright</b>	14. MOTHER'S MAIDEN NAME <b>Elizabeth Burton</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> <b>none</b>	16. SOCIAL SECURITY NO. <b>494-30-6823</b>	17. INFORMANT <b>Merrill Wright, Rock Port. Mo.,</b>
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18. 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>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Thrombosis</b>	<b>10 min</b>
	DUE TO (c) <b>Arteriosclerosis / Bent Aorta</b>	<b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4200</b>		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 <b></b> Month, Day, Year <b></b> a. m. <b></b> p. m. <b></b>	

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Glenwood</b>	COUNTY <b>Iowa</b>	STATE <b>Iowa</b>
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21. I attended the deceased from June 1, 1958 to Aug 17, 1958 and last saw him alive on Aug 17, 1958  
Death occurred at 4:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>J. F. Lawrence M.D.</b> (Degree or title)	22b. ADDRESS <b>Atchison, Mo</b>	22c. DATE SIGNED <b>8/18/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-19-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Glenwood Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Glenwood, Iowa.</b>
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24. FUNERAL DIRECTOR <b>Bartholomew Mortuary, Rockport. Mo.,</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8/18/58</b>	26. REGISTRAR'S SIGNATURE <b>James H. Crawford</b>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 10 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 *Gutz Barchelmer*

Licensed Embalmer No. 3173

P. O. Address Rock Port.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.