

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033105

STATE FILE NUMBER

FILED OCT 15 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4597

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		c. CITY OR TOWN INDEPENDENCE 7008	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP.		d. STREET ADDRESS 1710 OVERTON	
3. NAME OF DECEASED (Type or print) First Middle Last ESTHER MAY WRIGHT		4. DATE OF DEATH Month Day Year SEPT. 26, 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 4, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) OSAGE CO., KAN.
13a. FATHER'S NAME OZELO L. COLEMAN		13b. MOTHER'S MAIDEN NAME SARAH SMITH	14. NAME OF HUSBAND OR WIFE HAROLD R. WRIGHT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address MR. HAROLD R. WRIGHT, 1710 OVERTON, INDEPENDENCE, 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) Carcinoma of Breast Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) Unknown			INTERVAL BETWEEN ONSET AND DEATH 1 yr - 170x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NO	
20c. TIME OF INJURY Hour a.m. p.m. NO		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 June 1, 1957 to Sept 26, 1958 last saw her alive on Sept 26, 1958 Death occurred at 4:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. B. Casebolt (Degree or title)		22b. ADDRESS 4000 Baltimore R. No 9/26/58	
22c. DATE SIGNED 9/26/58		22d. ADDRESS 1387. DRUSH CEM. KAN. CITY, MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEP. 29-1958	
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS KAN. CITY, MO		25. DATE RECD. BY LOCAL REG. 9-29-58	
26. REGISTRAR'S SIGNATURE Wesley Minshall			

M. B. Casebolt

72

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 Basil Honey

Licensed Embalmer No. 4724

P. O. Address D. C., Md

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.