

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001772
STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 11

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Carthage</i>		c. CITY OR TOWN <i>Webb City, Mo. 1490</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>McCune Brooks</i>		d. STREET ADDRESS (If outside, give location) <i>Webb City, Mo. 1</i>	
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>Ernest</i> Last <i>Wright</i>		4. DATE OF DEATH Month <i>1</i> Day <i>5</i> Year <i>59</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9-23-1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Sawing</i>	11. BIRTHPLACE (City and state or country) <i>Carroll Co. Ark</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Dison Wright</i>	
13b. MOTHER'S MAIDEN NAME <i>Melissa Morland</i>		14. NAME OF HUSBAND OR WIFE <i>Wright</i> <i>Eda May Marshall</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Mrs. Wright</i> <i>Webb City, Mo. # 1</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Unknown</i> DUE TO (c) <i>4281H</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 Minutes</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <i>1) Myocarditis Chronic 2) Carcinoma of Prostate Gland</i>			
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 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		COUNTY STATE	
21. I attended the deceased from <i>1-26-1953</i> to <i>1-5-59</i> and last saw <i>him</i> alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. D. New</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Carthage, Missouri</i>	
22c. DATE SIGNED <i>1-8-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
23b. DATE <i>1-9-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Park Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Carthage, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Ulmer Funeral Home</i>		ADDRESS <i>Carthage, Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>1-9-59</i>		26. REGISTRAR'S SIGNATURE <i>Elly Clenton</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Locator, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Edwin C. Thomas*

Licensed Embalmer No. *4955*
P. O. Address *Cathay*

-- -- 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.