

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005238
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 219 B

300
1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Carroll		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Grandview		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns, Hospital		Length of stay in lb 16 days	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Taylor Last Wright			4. DATE OF DEATH Month Feb. Day 26 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 18, 1872	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 8 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Grandview, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Brantly Wright		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Keeling		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT St. Johns Hospital, Springfield Missouri Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastric Haemorrhage DUE TO (b) Acute Gastric Ulcers DUE TO (c) 5460 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Transurethral Prostatectomy 2-14-59					INTERVAL BETWEEN ONSET AND DEATH 7 Days 7 Days
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 1:25 pm Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Feb. 10, 1959 to Feb 26, 1959 and last saw her alive on Feb. 26, 1959 Death occurred at 1:25 pm m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edwin M. Powell Edwin M. Powell M. D.			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 3-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 27, 1959	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Berryville, Arkansas
24. FUNERAL DIRECTOR AYRE-GOODWIN: Springfield, Mo		25. DATE RECD. BY LOCAL REG. 3-2-59		26. REGISTRAR'S SIGNATURE Effie E. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 3

1950

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 *Robert M. Shaw*

Licensed Embalmer No. *4732*
P. O. Address *Springfield 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.