

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS DEC 21 1959

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 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5857

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>50 years</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3518 GARNER</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM TELL WRIGHT</b>			4. DATE OF DEATH Month Day Year <b>December 2, 1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-30-86</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Disabled</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance (Retired)</b>		11. BIRTHPLACE (City and state or country) <b>Yuma, Colorado</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Core</b>		14. NAME OF HUSBAND OR WIFE <b>Della Wright</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT Address <b>VA Hospital Official Records, K.C. Mo.</b>		

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>Congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic heart disease</b>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Encephalomalacia of cerebral cortex</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 . . . . . a.m. . . . . p.m. . . . .	Month, Day, Year		

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
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21. I attended the deceased from December 2, 1959 to December 2, 1959  
 Death occurred at 5:15 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Neighborhood Councilwoman</b>		22b. ADDRESS <b>1034 Rialto Blvd</b>		22c. DATE SIGNED <b>12-4-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Dec. 7, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ft. Leavenworth Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kansas</b>	
24. FUNERAL DIRECTOR <b>Muehlebach</b>		ADDRESS <b>6800 Troost</b>	25. DATE RECD. BY LOCAL REG. <b>12-4-59</b>	26. REGISTRAR'S SIGNATURE <b>Neve Marshall</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Hugh H. Owens

Faint, mostly illegible text at the top of the page, possibly containing header information or a title.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. T. Crowell

Licensed Embalmer No. 4904  
P. O. Address K.C. 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: