JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 24 1960

60-012126
STATE FILE NUMBER

NDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 35

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural – Benton
Length of stay in 1b 8 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in the Home
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Polk
c. CITY OR TOWN Rural – Benton
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Arthur Middle: Sterling Last: Wright
4. DATE OF DEATH Month: March Day: 14 Year: 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH April 27-1882
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Homer David Wright
13b. MOTHER'S MAIDEN NAME Mary Jane Hale
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT Homer Wright Address Bolivar, 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) acute heart failure — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic myocarditis
(c) Lobar Pneumonia 2/25/60 to 3/3/60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 2/23/60, to 3/14/60 and last saw her/him alive on 3/12/60
Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D C McCrard M.D. (Degree or title)
22b. ADDRESS Bolivar Mo
22c. DATE SIGNED 3/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 16-60
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Polk Cemetery
23d. LOCATION (City, town, or county) (State) Polk Co. Mo

24. FUNERAL DIRECTOR Pitts Funeral Home ADDRESS Bolivar, Mo.
25. DATE REC'D BY LOCAL REG. Mar. 16, 1960
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sidney J. Pitts

Signature of Student Embalmer

Licensed Embalmer No. 4939

P. O. Address Bolivar, Mo

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