

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023561
STATE FILE NUMBER

FILED VS REGISTRATION DISTRICT 157 JUL 12 1960

Primary Registration District No. 3028 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Mo. b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 1 1/2 years	c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1117 Cedar Street		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1119 Cedar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Wilbur Samuel Middle Wright Last			4. DATE OF DEATH Month July Day 2, Year 1960			
5. SEX Male	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 1-6-15	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Bed Spring Mfg.	11. BIRTHPLACE (City and state or country) Scammon, Kans.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Peter B. Wright		13b. MOTHER'S MAIDEN NAME Elta G. Robertson		14. NAME OF HUSBAND OR WIFE Peggy Palmer Wright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. # 2		16. SOCIAL SECURITY NO. 511-01-9609	17. INFORMANT Address Mrs. Peggy Palmer Wright-Carthage			
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 myocardial infarction DUE TO (b) Coronary Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 24-36 hrs ?	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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	
21. I attended the deceased from 7-2-60 to 7-2-60 and last saw him alive on 7-2-60 Death occurred at 11:20 a m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Russel Smith (Degree or title) M.D.			22b. ADDRESS Carthage, Mo		22c. DATE SIGNED 7-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-60	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo.			
24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home-Carthage		25. DATE RECD. BY LOCAL REG. 7-6-60	26. REGISTRAR'S SIGNATURE Elly Hunter			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 19 1968

JAN 27 1968

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 *Edwin S. Thomas*

Licensed Embalmer No. *195*
P. O. Address *Bartholomew*

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.