

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 VS DEC 1 4 1960

-60-042832

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in 1b 3 wks.	c. CITY OR TOWN Princeton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lambert Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural	
3. NAME OF DECEASED (Type or print) First Clyde Middle Lester Last Wright			4. DATE OF DEATH Month 12 Day 4 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/15/1887	9. AGE (last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain & stock		11. BIRTHPLACE (City and state or country) Mercer County	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elija T. Wright		13b. MOTHER'S MAIDEN NAME Lucinda Lusk		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 497-40-6359	17. INFORMANT Address Clarence E. Wright--Princeton--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) Pulmonary edema					INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart failure					2 months
DUE TO (c) Coronary arteriosclerosis					unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis and hypertension				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 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 checked="" 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 May 25, 1960 to Dec. 4, 1960 and last saw ^{her} him alive on Dec. 4, 1960 Death occurred at 1 a:m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank D. Zehms (Degree or title)			22b. ADDRESS Princeton, Mo		22c. DATE SIGNED 12-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/6/1960	23c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery	23d. LOCATION (City, town, or county) (State) Princeton, Missouri		
24. FUNERAL DIRECTOR Martin & Azbell, Princeton--Mo. Myron Azbell			25. DATE RECD. BY LOCAL REG. 12-6-60	26. REGISTRAR'S SIGNATURE Wass	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 21 1961

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 *Lynnan Agrest*

Licensed Embalmer No. 5020

P. O. Address Princeton-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.