

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032347

STATE FILE NUMBER

AMENDED **F** Registration District No. 018 Primary Registration District No. _____ Registrar's No. 112

FILED OCT 11 1961

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DAVIESS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINSTON</u>		Length of stay in 1b <u>15 YRS</u>	c. CITY OR TOWN <u>WINSTON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LEROY</u> Middle _____ Last <u>WRIGHT</u>			4. DATE OF DEATH Month <u>10</u> - Day <u>6</u> - Year <u>1961</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-12-1880</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>PATTONSBURG MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DOW WRIGHT</u>	13b. MOTHER'S MAIDEN NAME <u>HEIMBAUGH</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>FLOYD WRIGHT</u>	Address <u>WINSTON, MO</u>
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18. CAUSE OF DEATH (Enter only one cause line for (a), (b), and (c). PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>
IMMEDIATE CAUSE (a) <u>Mycocarditis</u>		
DUE TO (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) <u>Hypertension - Arterio sclerosis</u>		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.)
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20c. TIME OF INJURY Hour _____ 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 June 25, 1958 to Oct. 6, 1961 and last saw ^{her} him alive on Oct. 6, 1961.
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Fred W. Wilson M.D.</u>	22b. ADDRESS <u>WINSTON, MO.</u>	22c. DATE SIGNED <u>10-6-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-8-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOPEWELL</u>	23d. LOCATION (City, town, or county) (State) <u>DE KALB MO</u>
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24. FUNERAL DIRECTOR <u>Virgil V. Stramp</u>	ADDRESS <u>Winston</u>	25. DATE RECD. BY LOCAL REG. <u>7th Oct. 1961</u>	26. REGISTRAR'S SIGNATURE <u>Virgie M. Engelhart</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED _____
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____

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 Virgil V. Stramp

Licensed Embalmer No. 4074

P. O. Address Winston, 770

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.