

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037809

STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 58

AMENDED

FILED NOV 14 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville		c. CITY OR TOWN Wellsville	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 710 Lehnen St		d. STREET ADDRESS (If outside, give location) 710 Lehnen S.	
3. NAME OF DECEASED (Type or print) First CLAUD Middle (NMI) Last WRIGHT		4. DATE OF DEATH Month Oct. Day 25 Year 1961	
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 Sept 11, 1890
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired novel helper		10b. KIND OF BUSINESS OR INDUSTRY Clay Mining	11. BIRTHPLACE (City and state or country) Benton City, Mo
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Thomas Wright	
13b. MOTHER'S MAIDEN NAME Dora Cox		14. NAME OF HUSBAND OR WIFE Gertrude Lowry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser) yes WW #1		17. INFORMANT Address Wellsville, Mrs. Gertrude Lowry Wright	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis HARDING of artery DUE TO (b) Senility DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10 years
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 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 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 10-21-61 to 10-25-61 and last saw him alive on 10-25-61 Death occurred at 10-25-61 4 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Willis H. Waller DO		22b. ADDRESS Wellsville Mo.	
22c. DATE SIGNED 10-27-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 28, 1961	23c. NAME OF CEMETERY OR CREMATORY Wellsville	23d. LOCATION (City, town, or county) (State) Wellsville, Mo.
24. FUNERAL DIRECTOR Howard F. Myers, Wellsville, Mo		25. DATE RECD. BY LOCAL REG. 10/27/61	
		26. REGISTRAR'S SIGNATURE Laura S Callaway	

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NOV 17 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.