

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037991

STATE FILE NUMBER

AMENDED

Registration District No. 274
FILED NOV 6 1961

Primary Registration District No. 3052

Registrar's No. 336

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA</u>		c. CITY OR TOWN <u>VERSAILLES</u>	
Length of stay in lb <u>6 weeks</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>8 mile N VERSAILLES</u>	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Cecil</u> Middle <u>LUEKING</u> Last <u>WRIGHT</u>		4. DATE OF DEATH Month <u>10</u> Day <u>31</u> Year <u>61</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W-US</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7-31-16</u>
9. AGE (last birthday) <u>45</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTING - CAFE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>SEDALIA, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.T. Wright, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>FLORENCE LUEKING</u>	
14. NAME OF HUSBAND OR WIFE <u>EDNALEE WRIGHT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>500-03-9122</u>	
17. INFORMANT <u>EDNALEE WRIGHT</u>		Address <u>VERSAILLES, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Encephalopathy</u> DUE TO (b) <u>Metastatic disease - Carcinomatosis</u> DUE TO (c) <u>Carcinoma of prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> <u>8 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease given in PART I (a) <u>Bronchial asthma; Myocardial damage; Emphysema</u>		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 <u>10:20</u> a.m. <u>P</u> Month, Day, Year <u>1946</u> to <u>10-31-61</u>	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 <u>1946</u> to <u>10-31-61</u> and last saw him alive on <u>10-31-61</u>		Death occurred at <u>10:20 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Edna Lee Wright, M.D.</u> (Degree or title)		22b. ADDRESS <u>Warsaw, Missouri</u>	
22c. DATE SIGNED <u>11-1-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV. 3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>VERSAILLES, MO.</u>
24. FUNERAL DIRECTOR <u>KIDWELL FUNERAL HOME VERSAILLES, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11-3-1961</u>	
		26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u>	

NOV 9 1961

NOV 14 1961

MAY 17 1962

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 Raymond C. Fisher

Licensed Embalmer No. 4626

P. O. Address Wesley, 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.