

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007241

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED MAR 14 1962 Primary Registration District No. 4324 Registrar's No. 8-62

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tusculumbia		c. CITY OR TOWN ELDON	
Length of stay in b. 1 1/2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital		d. STREET ADDRESS (If outside, give location) 1204 So Grand	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First John Middle Melvin Last Wright			4. DATE OF DEATH Month March Day 7 Year 1962
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 11 Nov-1889
9. AGE (last birthday) 77		10. USUAL OCCUPATION (Give time of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) Miller-Co Mo
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Joseph Wright	
13b. MOTHER'S MAIDEN NAME MARY-NEWELL		14. NAME OF HUSBAND OR WIFE FERRIC-A. WRIGHT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT FERRIC-A. WRIGHT - ELDON 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) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Acute myocarditis			1 days
DUE TO (c) Chronic myocarditis			indefinite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis-poor nutrition			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.) NONE	
20c. TIME OF INJURY Hour a.m. p.m. NONE	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.) NONE	20f. CITY, TOWN, OR LOCATION NONE
21. I attended the deceased from March 6, 1962 to March 7, 1962		Last saw him alive on March 7, 1962	
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N. L. Zirk D.O.		22b. ADDRESS ELDON - MO	22c. DATE SIGNED 8 MAR-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10 March-62	23c. NAME OF CEMETERY OR CREMATORY ELDON-	23d. LOCATION (City, town, or county) (State) MILLER-Co MO
24. FUNERAL DIRECTOR Keith M. Kays		25. DATE RECD. BY LOCAL REG. ELDON-MO MARCH 9, 1962	26. REGISTRAR'S SIGNATURE Mo. D. E. Kallenbach

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.