MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-010647
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 52

FILED APR 10 1962

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany
Length of stay in 1b 32 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Mt. Moriah
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Theodore Middle ----- Last Wright

4. DATE OF DEATH Month March Day 31 Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-13-1884
9. AGE (last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Livestock & Grain farm
11. BIRTHPLACE (City and state or country) Oklahoma
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME George L. Wright
13b. MOTHER'S MAIDEN NAME Jennie Stoner
14. NAME OF HUSBAND OR WIFE Edith Wright. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT Paul Wright. Address Mt. Moriah, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) SHOCK with Lt. Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PERITONITIS AND ILEUS. — 36 hours.
DUE TO (c) STRANGULATED INGUINAL HERNIA (Recent) — 3d.

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. ☐ 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 a.m. p.m. Month, Day, Year
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 Aug. 1959 to March 31, 1962 and last saw her/him alive on March 31, 1962
Death occurred at 1:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert Tribbe (Degree or title) M. D.
22b. ADDRESS Bethany, Missouri.
22c. DATE SIGNED 4-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-2-62
23c. NAME OF CEMETERY OR CREMATORY Loyd Cemetery
23d. LOCATION (City, town, or county) (State) R. F. D. Ridgeway, Mo.

24. FUNERAL DIRECTOR E. J. Stoklasa, ADDRESS Cainsville, Mo.
25. DATE RECD. BY LOCAL REG. 4-2-1962
26. REGISTRAR'S SIGNATURE Gella Maxey

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	0410		
3			
4	0		
5	2		
6			
7	1		
8	2		
9	5610		
10			
11			
12	1-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MAY 3 1962

MAY 29 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~~ Eddie J. Stoklasa, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.