

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027886

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered District No. FILED JUL 24 1962 Primary Registration District No. 4324 Registrar's No. 24-62 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		c. CITY OR TOWN Tuscumbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital		d. STREET ADDRESS (If outside, give location) Tuscumbia, Missouri	
3. NAME OF DECEASED (Type or print) First James Middle Franklin Last Wright		4. DATE OF DEATH Month July Day 15 Year 1962	
5. SEX male	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/31/83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		11. BIRTHPLACE (City and state or country) Tuscumbia, Missouri	
13a. FATHER'S NAME Joseph T. Wright		14. NAME OF HUSBAND OR WIFE Eva Myrtle Wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Eva Myrtle Wright, Tuscumbia, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Chronic		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery disease Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 yr	
DUE TO (c)		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 1940 to 1962 and last saw her him alive on July 15, 1962			
Death occurred at 8:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not use title) M.E. Humphreys D.O.		22b. ADDRESS Tuscumbia, Mo.	
22c. DATE SIGNED 7-17-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/18/62	23c. NAME OF CEMETERY OR CREMATORY Tuscumbia	
23d. LOCATION (City, town, or county) (State) Tuscumbia, Missouri			
24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home, Eldon, Missouri		25. DATE RECD. BY LOCAL REG. July 20, 1962	
		26. REGISTRAR'S SIGNATURE Mrs. D.E. Kallenbach	

JUL 25 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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Ellettsville

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.