

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035719

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. \_\_\_\_\_ Registrar's No. 670

FILED SEP 28 1962

VS 300 Rev. 4/59

10830

20830

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12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY **Platte**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Weston** Length of stay in 1b **12 hours**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Matthew's Rest Home** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Platte**  
 c. CITY OR TOWN **Weston** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Frank William Wright** **Sept. 16, 1962**  
 5. SEX **male** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **9-11-96** 9. AGE (last birthday) **76** 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) **Section Hand** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad C.B.&Q** 11. BIRTHPLACE (City and state or country) **Greenfield, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**  
 13a. FATHER'S NAME **Thomas Wright** 13b. MOTHER'S MAIDEN NAME **Martha Friedel** 14. NAME OF HUSBAND OR WIFE **Ada Russell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. 17. INFORMANT Address  
**Ada Wright** **Weston, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cerebral vascular accident** 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) **Bronchogenic carcinoma** **18 mo.**  
 DUE TO (c)

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 Month, Day, Year  
 a.m. p.m.

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 **July 6, 1961** to **Sept. 16, 62** and last saw her/him alive on **Sept. 16, 1962**  
 Death occurred at **12:30p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) 22b. ADDRESS **Weston, Missouri** 22c. DATE SIGNED **9/16/62**

23a. BURIAL, CREMATION, REINTERMENT, OR OTHER FINAL DISPOSITION (Specify) **Burial** 23b. DATE **9-18-62** 23c. NAME OF CEMETERY OR CREMATORY **Graceland Cemetery** 23d. LOCATION (City, town, or county) (State) **Weston, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Vaughn Funeral Home Weston, Mo.** 25. DATE RECD. BY LOCAL REG. **Sept 18, 1962** 26. REGISTRAR'S SIGNATURE *[Signature]*

USE BLACK INK OR TYPEWRITER RIBBON

SEP 28 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Ms.

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.