

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045550

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 240

FILED DEC 10 1962			
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <b>Saline</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b> Length of stay in lb <b>2 weeks</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>John Fitzgibbon Hosp.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b></p> <p>c. CITY OR TOWN <b>Napton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p><b>3. NAME OF DECEASED</b> First Middle Last <b>Edgar) George Edgar Wright</b></p>			
<p><b>4. DATE OF DEATH</b> <b>December 2 1962</b></p>			
<p><b>5. SEX</b> <b>Male</b></p>	<p><b>6. COLOR OR RACE</b> <b>Negro</b></p>	<p><b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <b>5/1/03</b></p>
<p><b>9. AGE</b> (last birthday) <b>59</b></p>		<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b></p>	
<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b></p>		<p><b>11. BIRTHPLACE</b> (City and state or country) <b>Napton Missouri</b></p>	
<p><b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b></p>		<p><b>13a. FATHER'S NAME</b> <b>P.J.Wright</b></p>	
<p><b>13b. MOTHER'S MAIDEN NAME</b> <b>Ora Johnson</b></p>		<p><b>14. NAME OF HUSBAND OR WIFE</b> <b>unknown</b></p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b></p>		<p><b>16. SOCIAL SECURITY NO.</b> <b>none</b></p>	
<p><b>17. INFORMANT</b> <b>Mrs. Lula Wright</b></p>		<p><b>Address</b> <b>K.C. Missouri</b></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p><b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 days</b></p>
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p><b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>		<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p><b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>	
<p><b>21. I attended the deceased from</b> <b>November 1</b> to <b>Dec. 2</b> and last saw him alive on <b>Dec. 2, '62</b>. Death occurred at <b>1:30 pm 12-2-62</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p><b>22a. SIGNATURE</b> (Degree or title) <b>C.L. Lawless M.D.</b></p>		<p><b>22b. ADDRESS</b> <b>Marshall Mo.</b></p>	
<p><b>22c. DATE SIGNED</b> <b>12-3-62</b></p>		<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b></p>	
<p><b>23b. DATE</b> <b>12/4/62</b></p>		<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Napton No. Cemetery</b></p>	
<p><b>23d. LOCATION</b> (City, town, or county) (State) <b>R. Napton (NE) Missouri</b></p>		<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Georgette Green Sullivan Mo.</b></p>	
<p><b>25. DATE RECD. BY LOCAL REG.</b> <b>12-4-'62</b></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <b>Carroll H. Reed</b></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Dutton Ma

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.