

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36168

State File No.

FILED OCT 29 1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>	
c. LENGTH OF STAY (in this place) <u>14</u>		d. STREET ADDRESS (If rural, give location) <u>1817 E. Austin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1817 E. Austin</u>			

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-51</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct-29-1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Liquer</u>		11. BIRTHPLACE (State or foreign country) <u>Lebanon. Mo.</u>	
13a. FATHER'S NAME <u>Alexander Wright</u>				13b. MOTHER'S MAIDEN NAME <u>Ollie Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W.I</u>				16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Wright, Nevada Mo.</u> ADDRESS _____					

13a. FATHER'S NAME <u>Alexander Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W.I</u>					
16. SOCIAL SECURITY NO. <u>none</u>					
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Wright, Nevada Mo.</u> ADDRESS _____					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>Death</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u>			ANTECEDENT CAUSES			DUE TO (b) <u>Coronary arteriosclerosis</u>		
DUE TO (c) <u>Cardio-vascular renal disease.</u>			II. OTHER SIGNIFICANT CONDITIONS			DUE TO (c) <u>Diabetes mellitus.</u>		
19a. DATE OF OPERATION <u>None</u>			19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from June 6, 1947, to Sept. 21, 1951, that I last saw the deceased alive on Sept. 12, 1951, and that death occurred at 6 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>		23c. DATE SIGNED <u>Oct. 19, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) _____ (State) _____ <u>Nevada Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-19-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Eichinger Funeral Home, Nevada, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED / OCT 22 1951

Dist. File 1151-1856

Date Filed 10-22-51

OCT 31 1951

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
Student Embalmer

Signed

Marsh C. Linger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.