

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville Rural</u>		0240	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old fellows Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL 4 MI NO. SMITHVILLE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Robert</u>		c. (Last) <u>Wright</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>Sept 24 1857</u>	
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lafayette Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Clay Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ruby Wright Smithville Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</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 WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jan 25</u>			
22. I hereby certify that I attended the deceased from <u>Jan 25, 1952</u> , to <u>Feb 19, 1952</u> , that I last saw the deceased alive on <u>Feb 13, 1952</u> , and that death occurred at <u>1 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm H Goodson MD</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>7/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 16 - 1952</u>		REGISTRAR'S SIGNATURE <u>Miss Hynes</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>D. D. Ryan</u>		ADDRESS <u>Plattsburg, Mo.</u>	

**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 Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.