

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6999

State File No.

FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 6141 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY OR TOWN Lakenan Jackson	c. LENGTH OF STAY (in this place) 13Yrs	c. CITY OR TOWN Lakenan Jackson Twp	d. STREET ADDRESS 1020 (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) George	b. (Middle) Alexander	c. (Last) Wright	(Month) Feb	(Day) 6th	(Year) 52

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 28th 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 8	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Lewis Co Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Wright	13b. MOTHER'S MAIDEN NAME Nancy Hastings	14. NAME OF HUSBAND OR WIFE Deceased
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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'S SIGNATURE OR NAME Mrs William Taylor Lakenan Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from October, 1951, to Feb 6, 1952, that I last saw the deceased alive on January 25, 1952, and that death occurred at 10:05A.m., from the causes and on the date stated above.

23a. SIGNATURE Richard A. Bihalevich D.O.	(Degree or title) D.O.	23b. ADDRESS Shelbina Mo.	23c. DATE SIGNED 2-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 8th 52	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F	24d. LOCATION (City, town, or county) (State) Shelbina Mo.
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DATE REC'D BY LOCAL REG. 2-11-52	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw & Hawkins	ADDRESS Shelbina Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Henry A. Berkeley

Signed.....
Student Embalmer

Licensed Embalmer No.

3835

P. O. Address

Sheehana 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.