

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3-7
State File No. 7202

FILED MAR 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>102</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkersville Mo</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao Mo 0610</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KOH Kirkersville Mo</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) _____ c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-52</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>3-15-86</u>		
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Callao Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Wright</u>			13b. MOTHER'S MAIDEN NAME <u>-</u>			14. NAME OF HUSBAND OR WIFE <u>Snodie Wright</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Snodie Wright</u> ADDRESS <u>Callao 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Intertrochanteric fracture right hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>E9030-20</u> <u>3 or more years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>						
19a. DATE OF OPERATION <u>3-5-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture right hip</u>						
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callao Macon Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 3 52 2:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>pt. fell on rug in the living room of his home.</u>				
22. I hereby certify that I attended the deceased from <u>3-3-1952</u> to <u>3-7-1952</u> , that I last saw the deceased alive on <u>3-7-1952</u> , and that death occurred at <u>4:21 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Kirkersville Mo</u>		23c. DATE SIGNED <u>3-7-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-10-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. S. Edwards, Brewers Mo</u>				

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

8.1962

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
Student Embalmer

Signed *W. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address Berwick, MD

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.