

S. No. 300
V. 10. 48

DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37804

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1275
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1621 Poplar St.		d. STREET ADDRESS (If rural, give location) 1621 Poplar St.		
3. NAME OF DECEASED (Type or Print) HARRY		a. (First)	b. (Middle)	c. (Last) WRIGHT
4. DATE OF DEATH 12 3 1952		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 2-23-1883	9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Own Truck	11. BIRTHPLACE (State or foreign country) Buchanan Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Granville Wright		13b. MOTHER'S MAIDEN NAME Marie Hubbs	14. NAME OF HUSBAND OR WIFE Margaret Wright (de)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Wright, 1622 Poplar St.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man apparently died suddenly, while alone in his home, without a history of recent serious illness or disability		INTERVAL BETWEEN ONSET AND DEATH 1 day
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I viewed the deceased from on 12/4, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 A. m., from the causes and on the date stated above.				
23a. SIGNATURE H. F. Mundy M.D. (Degree or title) Coroner		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 12/4/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-1952	24c. NAME OF CEMETERY OR CREMATORY Agency Cemetery	24d. LOCATION (City, town, or county) (State) Agency, Missouri
DATE REC'D BY LOCAL REG. Dec 8, 1952		REGISTRAR'S SIGNATURE Carl C. Casey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White & Kupp St. Joseph, Mo.

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

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 *Allan E. Boyan*

Licensed Embalmer No. *4795*

P. O. Address *St. Joseph, 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.