

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38216

State File No.

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 174

362
1

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
d. CITY (If outside corporate limits, write RURAL and give township) Washington.		c. CITY (If outside corporate limits, write RURAL and give township) Washington. <u>0362</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) 103 E. 2nd St. <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 103 E. 2nd St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Morris	b. (Middle) F.	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30th, 1952
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5. SEX <u>0</u> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <u>1</u>	8. DATE OF BIRTH Dec. 19, 1879.	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lumber Man.	10b. KIND OF BUSINESS OR INDUSTRY Lumber Business.	11. BIRTHPLACE (State or foreign country) Salisbury, Mo. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George W. Wright.	13b. MOTHER'S MAIDEN NAME Mary Ann Freeman.	14. NAME OF HUSBAND OR WIFE Marie A. Wright.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) X 491-07-0005	17. INFORMANT'S SIGNATURE OR NAME Marie A. Wright	ADDRESS Washington, Mo.
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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, asphyxia, 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) <u>Myocarditis, Chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		10 years 5 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	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) (Min.)	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 May, 1925, to Nov, 1952, that I last saw the deceased alive on Nov 29, 1952, and that death occurred at 11:35 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank G. Wainwright M.D.</u>	23b. ADDRESS <u>Washington, Mo</u>	23c. DATE SIGNED <u>12-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 3, 1952.	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. <u>Dec 3, 1952</u>	REGISTRAR'S SIGNATURE <u>F. C. Hudmann by L. S. Hudmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rilburg & Vitt Inc.</u>	ADDRESS Washington, 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 _____

Lester A. Tilt

Licensed Embalmer No. _____

3254

P. O. Address _____

Washington, 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.