

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14593

State File No.

FILED APR 25 1953

1820

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1820

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city Mo</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hyde Park Nursing Home</u> <u>401 E 36th Street</u>			d. STREET ADDRESS (If rural, give location) <u>219 E 79th Street</u>		

3. NAME OF DECEASED (Type or Print) <u>Mrs Myrtle Belle Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1953</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>8-1-1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>-</u>	IF UNDER 24 HRS. Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u>	IF UNDER 24 HRS. Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Paxton Illinois U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Joseph P KirkPatrick</u>		13b. MOTHER'S MAIDEN NAME <u>Anna KirkPatrick</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Wright</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Wright</u>		ADDRESS <u>218 E 79th St</u>	
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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, asthenia, 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* <u>Hypostatic Pneumonia</u>			DUE TO (a) <u>Congestive Heart Failure</u>				<u>2 da</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u>				<u>2 wks</u>	
			DUE TO (c) <u>Senility</u>				<u>5+ yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>5 yr</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 Aug. 10, 1946, to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl H. Reitz</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>404 1/2 W. 75th N.C. Mo</u>		23c. DATE SIGNED <u>4-3-53</u>	
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24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <u>4-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u>		ADDRESS <u>K.C. Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1953

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 *Russell N. Fran*.....

Licensed Embalmer No. *425*.....

P. O. Address *K. O. W.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.