

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18660**

FILED MAY 23 1953

BIRTH NO.		REG. DIST. NO. <b>195</b>		PRIMARY REG. DIST. NO. <b>4306</b>		Registrar's No. <b>40</b>	
1. PLACE OF DEATH a. COUNTY <b>McDonald</b> b. CITY (If outside corporate limits, write RURAL and give town) <b>Goodman</b> c. LENGTH OF STAY (in this place) <b>40 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>O. D. Boyer Home</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Goodman</b> d. STREET ADDRESS (If rural, give location) <b>O. D. Boyer Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Palestine</b> c. (Last) <b>Wright</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 10, 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 14, 1858</b>	9. AGE (In years last birthday) <b>94</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Boyle County, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Wright</b>		14. NAME OF HUSBAND OR WIFE <b>Melissa Elizabeth Garrison</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. O. D. Boyer, Goodman, Missouri</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Exhaustion of Respiratory Musculature</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>December 1<sup>st</sup>, 1948</b> , to <b>May 10, 1953</b> , that I last saw the deceased alive on <b>May 10, 1953</b> , and that death occurred at <b>1:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Harold G. Ward, D.O.</b>			23b. ADDRESS <b>Goodman, MO.</b>		23c. DATE SIGNED <b>May 14, 1953</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 14, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Howard Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Goodman, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-15-53</b>		REGISTRAR'S SIGNATURE <b>Wayne Humphrey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John B. Papineau, Goodman, Mo.</b>			

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

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8600

**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 John B. Papinson  
Licensed Embalmer No. 4446

P. O. Address Goodman, 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.