

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29170

State File No. ....

FILED SEP 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5625 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sleeper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sleeper</u>	
c. LENGTH OF STAY (In this place) <u>4 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Sleeper</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sleeper</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lynn</u> b. (Middle) <u>A.</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 25 1899</u>		9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>W. T. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Newberry</u>		14. NAME OF HUSBAND OR WIFE <u>Alta Lillard Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>558-16-7205</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lynn A. Wright Sleeper 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one mo.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) <u>arteriosclerotic heart disease</u>		2-3 yrs	
		DUE TO (c) <u>Paraplegia 2 yr to old back injury</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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 <u>12/17/53</u> , to <u>8/19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/19</u> , 19 <u>53</u> , and that death occurred at <u>3:30 Pm.</u> from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Dr. Z. Z. Fisher MD</u>		23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>8/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/23/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Simlen</u>	
		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>			

DATE REC'D BY LOCAL REG. <u>8-25-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer's Lebanon Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-30  
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SEP 3

AUG 29 1953

Received

Madison County Health Unit

File No.

8.52-128

Date Filed

SEP 1 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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.