

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18018**

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville
c. LENGTH OF STAY (In this place) 7-Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 608-S. Grand

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Chariton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville
d. STREET ADDRESS (If rural, give location) 608-S. Grand

3. NAME OF DECEASED
a. (First) Robert b. (Middle) K. c. (Last) Wright Sr.

4. DATE OF DEATH (Month) (Day) (Year)
July 5-1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 2nd, 1872

9. AGE (In years last birthday) 83
If under 1 year: Months _____ Days _____
If under 24 hrs.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James W. Wright

13b. MOTHER'S MAIDEN NAME Ellen Harritage

14. NAME OF HUSBAND OR WIFE Alice Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Alice Wright Keytesville, Mo.

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) Lobar pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular syndrome
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 days
Distress

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
490X

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1955, to July 5, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl C. Heper M.D.

23b. ADDRESS Keytesville, Mo

23c. DATE SIGNED 7/6/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 7th, 1955

24c. NAME OF CEMETERY OR CREMATORY City Cemetery

24d. LOCATION (City, town, or county) (State) Dalton, Mo.

DATE REC'D BY LOCAL REG. 7-8-55

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
[Signature] Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

H. D. Smith

Signed.....

Student Embalmer

Licensed Embalmer No. *3046*

P. O. Address *Keyserville*

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.