

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED NOV 28 1955**

State File No. **36346**  
Registrar's No. **333**

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>333</b>			
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Cole</b>	
b. CITY OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>5 wks</b>		c. CITY OR TOWN <b>Jefferson City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Mary's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>131 W. McCarty Street</b>				<b>2610</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>OTIS</b>			b. (Middle) <b>WILLIAM</b>		c. (Last) <b>WRIGHT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 18th 55</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>April 31 1871</b>		9. AGE (In years) (Last birthday) <b>84</b>	
						Months <b>6</b>		Days <b>18</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pendelton County, Kentucky</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Robert N. Wright</b>			13b. MOTHER'S MAIDEN NAME <b>Anna E. Stewart</b>			14. NAME OF HUSBAND OR WIFE <b>Sara Brown Wright</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Anna Margaret Letts</b>			ADDRESS <b>Jeff City</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>						<b>6 months</b>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senility</b>						<b>2 years</b>	
		II. OTHER SIGNIFICANT CONDITIONS						<b>2 years</b>	
Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension Ess.</b>						<b>2 years</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>H2001</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>July 12, 1953</b> , to <b>Nov 18, 1955</b> , that I last saw the deceased alive on <b>Nov 18, 1955</b> , and that death occurred at <b>9:30 A. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. Kanagawa MD</b>				23b. ADDRESS <b>515 E High St</b>			23c. DATE SIGNED <b>11/21/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 21st 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>22 Nov. 55</b>		REGISTRAR'S SIGNATURE <b>R.P. Harris MD-7R</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tanner Law, James.</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

NOV 28 1955  
DEC 15 1955

DEC 18 1955

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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.....  
Signature of Student Embalmer

Signed   
DONALD P. FREEMAN  
Licensed Embalmer No...4623..

P. O. Address Jefferson...  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.