

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1491

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 99 DAYS		c. CITY OR TOWN JERICO SPRINGS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) 02001			
3. NAME OF DECEASED (Type or Print) a. (First) JULIUS b. (Middle) DON c. (Last) WRIGHT SR.			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 4, 1956				
5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 29, 1888		9. AGE (In years (at birthday) 66 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MACKSBURG, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM CARTER WRIGHT		13b. MOTHER'S MAIDEN NAME CLARA ANN HASTY		14. NAME OF HUSBAND OR WIFE MAUDE WRIGHT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WWI 487-01-5542		17. INFORMANT'S SIGNATURE OR NAME OFFICIAL VA HOSPITAL RECORDS ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 23 minutes	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Arteriosclerotic heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)				Unknown	
		DUE TO (c) Carcinoma of Bladder Conditions contributing to the death but not related to the disease or condition causing death. Transitional Grade III				4200	
		II. OTHER SIGNIFICANT CONDITIONS				15 Months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) VA		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 September 28 55, to January 4, 1956, that I had seen the deceased alive on _____, 19____, and that death occurred at 12:58P m., from the causes and on the date stated above.							
23a. SIGNATURE P. E. Bodner (Degree or title) C				23b. ADDRESS VETERANS ADMINISTRATION HOSPITAL		23c. DATE SIGNED 1-4-56	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE JAN 5 1956		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) JERICO SPRINGS MISSOURI	
DATE REC'D BY LOCAL REG. 1-5-56		REGISTRAR'S SIGNATURE neva marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1924

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.....
Edward M. Ste...

Licensed Embalmer No. *40*

P. O. Address *K. C. O.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.