FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12054

State File No.

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Shelby County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbina
c. LENGTH OF STAY (In this place): 44 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN: Shelbina
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): X 1020

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): W.
c. (Last): WRIGHT sr.

4. DATE OF DEATH (Month) (Day) (Year): 2-26-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-27-1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 4, Days 29 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and State or Foreign Country): Shelby Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Wright
13b. MOTHER'S MAIDEN NAME: Nancy Hastings
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 486-14-4560
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert Wright Jr. Shelbina, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary heart disease — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES [ ] NO [X]

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) m.
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* Jan 4, 1953 *to* Feb 26, 1956 *that I last saw the deceased alive on* Feb 25, 1956, *and that death occurred at* 4:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph N. Tomi D.O.
23b. ADDRESS: Shelbina Mo
23c. DATE SIGNED: 2/28/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-1956
24c. NAME OF CEMETERY OR CREMATORY: Shelbina Cemty.
24d. LOCATION (City, town, or county) (State): Shelbina, Mo.

DATE REC'D BY LOCAL REG.: 3-14-56
REGISTRAR'S SIGNATURE: Ada Garrison
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Barkelew-Davis, Shelbina, 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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 34

P. O. Address Shelbu

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.