

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31671

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James.		c. CITY OR TOWN St. James	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SoldiersHome Hospital		e. STREET ADDRESS (If rural, give location) Highway #68	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Edward c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) Sept 27 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 6. 1869
9. AGE (In years last birthday) 86		10. MONTHS 11	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining Supt		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Euphia (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Am.		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Carroll Wright Baldwin		ADDRESS Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion</p> <p>PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Atherosclerosis</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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) (m.)		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>July 18, 1953</u> to <u>Sept 27, 1956</u> that I last saw the deceased alive on <u>Aug 30, 1956</u> and that death occurred at <u>4:50 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Josef Grosskreutz M.D.		23b. ADDRESS St. James, Mo	
23c. DATE SIGNED Sept 28-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 27 56	
24c. NAME OF CEMETERY OR CREMATORY Soldiers Home Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Mo	
DATE REC'D BY LOCAL REG. 9-29-56		REGISTRAR'S SIGNATURE Ruth B. Powell	
FUNERAL DIRECTOR'S SIGNATURE C. Jesse Baker		ADDRESS St. James, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

479-0

RECEIVED

Phelps County Health Officer,

County File Number 5-37

Date Filed 10/2/56

101 8
1956

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 *C. Jesse Gahr*.....

Licensed Embalmer No. *4486*

P. O. Address *200 So. Mills St. Joplin*

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.