

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37581**

FILED NOV 20 1956

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **227**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Woodriver	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS (If rural, give location) 165 Madison	

3. NAME OF DECEASED (Type or Print) a. (First) Larry	b. (Middle) Robert	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 13, 1937
9. AGE (In years last birthday) 19	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler	10b. KIND OF BUSINESS OR INDUSTRY River Boat	11. BIRTHPLACE (City and State or Foreign Country) Middlesex, N. Carolina
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert B. Wright	13b. MOTHER'S MAIDEN NAME Don't Known	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juanita Slanker, Woodriver, Ill.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

ANTECEDENT CAUSES

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

DUE TO (b) **Fractured Skull**

DUE TO (c) **Internal Injuries**

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River lab	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Union Franklin Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 13, 1956	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Ran in back of truck

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. S. S. Ottmann, Colonel	23b. ADDRESS Deerfield, Mo.	23c. DATE SIGNED Nov 13, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial
		24d. LOCATION (City, town, or county) (State) Woodriver, Ill

DATE REC'D BY LOCAL REG. 11/13/56	REGISTRAR'S SIGNATURE J. S. ...	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ottmann Funeral Home, Union, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

99-0

NOV 23 1956
DEC 11 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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. F. Ottawa

Licensed Embalmer No. 168

P. O. Address Umatilla

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.

22/11/56