

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37784**

FILED NOV 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **316**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> ... ST. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY OR TOWN <b>Lowry City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Chalk Level Twp;</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Wright</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov; 19, 1956</b>
-------------------------------------	---------------------------	-----------------------	-------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Febr; 20, 1887</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Lowry City Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	---	---

13a. FATHER'S NAME <b>L.D. Wright</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Silver</b>	14. NAME OF HUSBAND OR WIFE <b>Gertie Wright</b>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Olin Wright, Lowry City Missouri</b>	ADDRESS _____
---	-------------------------------	---	---------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thromboembolism</b> DUE TO (c) <b>Case Unknown</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Yost's Cancer</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Dissecting Aneurysm</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____	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 11-16, 1956, to 11-19, 1956, that I last saw the deceased alive on 11-18, 1956, and that death occurred at 1:20A m., from the causes and on the date stated above.

23. SIGNATURE (Type or Print) <b>Clifford W. ...</b>	23b. ADDRESS <b>111 - E. Ohio Clinton</b>	23c. DATE SIGNED <b>11/20/56</b>
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-21-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lowry City</b>	24d. LOCATION (City, town, or county) (State) <b>Lowry City Missouri</b>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <b>11-21-56</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodrich Funeral Home</b>	ADDRESS <b>Quincy Mo</b>
--	--	---	--------------------------

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

521

---

---

**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..... *J.B. Lassick* .....

Licensed Embalmer No. *3038* .....

P. O. Address *Orlando* .....

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.