

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38328**

FILED DEC 13 1956

5144

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5144</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Pleasant Hill</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>8190</u>	
c. LENGTH OF STAY (in this place) <u>30 min.</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. #1 Pleasant Hill Prop.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Charles</u>	b. (Middle) <u>Robert</u>	c. (Last) <u>Wright</u>	(Month) <u>Nov.</u>	(Day) <u>27</u>	(Year) <u>1956</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 20, 1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lee's Summit, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James L. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Beckner</u>		14. NAME OF HUSBAND OR WIFE <u>Mossie Wright</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mossie Wright Pleasant Hill, Mo.</u>			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c):	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Massive frontal hemorrhage</u>					<u>subd.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					3 weeks	
	DUE TO (b) <u>Thromb. cytoplasmic purpura</u>						
	DUE TO (c) <u>Hypertension</u>						
	II. OTHER SIGNIFICANT CONDITIONS					29107	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>11/15</u> , 19 <u>56</u> , to <u>11/27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/27</u> , 19 <u>56</u> , and that death occurred at <u>3:45 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Gerard Zauder</u> (Degree or title) <u>no</u>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>11/27/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-27-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brownfield Stanley Pleasant Hill, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

151 11 1958

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. 5008 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond A. Stanley.....

Licensed Embalmer No. 5008

P. O. Address Pleasant Dr.

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.