

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20533**

FILED JUL 12 1957

BIRTH NO. _____ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **5328** Registrar's No. **4-1957**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN heasburg-rural-liberty	c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN heasburg	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 AT Home		e. STREET ADDRESS (If rural, give location) 3 mi S.E. of Heasburg on Nondalene Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) Jasper c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) July 7 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 21-1882	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR 10 MONTHS 10 DAYS 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Crawford Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry F. Wright		13b. MOTHER'S MAIDEN NAME ANNA C. Bailey		14. NAME OF WIFE WIFE Susan Essie King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Essie Wright, Heasburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis			
		DUE TO (c) Cerebral Thrombosis & Hemiparesis			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 1/2 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 332X	
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 **6:30**, 19**57**, to **July 7, 1957** that I last saw the deceased alive on **7/6, 1957**, and that death occurred at **5:30 P.M.**, from the causes and on the date, stated above.

23a. SIGNATURE (Degree or title) John J. Detamore M.D.		23b. ADDRESS Stullman, Mo.		23c. DATE SIGNED 7/8/57	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-10-1957		24c. NAME OF CEMETERY Cross Roads	
				24d. LOCATION (City, town, or county) (State) Heasburg Mo.	

DATE REC'D BY LOCAL REG. 7-8-1957		REGISTRAR'S SIGNATURE W. G. Davis, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman C. Hanna Cuba, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
JUL 17 1957

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.....
Licensed Embalmer No. 467

P. O. Address Cuba, N.Y.

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.