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Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1958

STATE FILE NUMBER 2200

Registration District No. 264 Primary Registration District No. 5897 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nettinghill Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Length of stay in 1b: 50 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ozark
c. CITY OR TOWN: Hammond 07 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Nettinghill Township — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: E. Last: Wright

4. DATE OF DEATH Month: 2 Day: 2 Year: 58

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: 8-4-1860 **9. AGE** (In years last birthday): 97 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and state or country): Midland Mich.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Amos Wright
14. MOTHER'S MAIDEN NAME: Josephine Crawford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ray Wright Address: Nettinghill, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterial Hypertension — 15 yr
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1940, to Feb 2-1958 and last saw her/him alive on 1-31-58
Death occurred at 6:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. J. Voerman DD 2
22b. ADDRESS: Gainesville, Mo
22c. DATE SIGNED: 2-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-6-58
23c. NAME OF CEMETERY OR CREMATORY: Thornfield
23d. LOCATION (City, town, or county) (State): Ozark Co. Mo.

24. FUNERAL DIRECTOR: Clinkingbeard Gainesville Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 2-8-58
26. REGISTRAR'S SIGNATURE: Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Ekrey

Licensed Embalmer No. 48

P. O. Address Eimwil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.