

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
42

58-028345
STATE FILE NUMBER 939

FILED SEP 8 1958 Registration District No. _____ Primary Registration District No. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 6117
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		Length of stay in lb 55 yrs.	d. STREET ADDRESS (If outside, give location) 2816 So. 24 th St.,
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Hattie Middle Wright Last Wright			4. DATE OF DEATH Month Aug. Day 30 Year 1958		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 29, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Salisbury, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James T. Hayes	13b. MOTHER'S MAIDEN NAME Sally Blackwell	14. NAME OF HUSBAND OR WIFE William G. Wright
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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. none	17. INFORMANT William H. Wright, St. Joseph, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 2-3 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Atherosclerosis	DUE TO (c) 4201	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Essen. Hypertension; Coronary Sclerosis	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from **8-22-58** to **8-30-58** and last saw ^{her} _{him} alive on **8-30-58**
Death occurred at **12:30** A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.E. Grimes MD	(Degree or title)	22b. ADDRESS St Joseph Mo	22c. DATE SIGNED 8-2-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Missouri
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24. FUNERAL DIRECTOR Brueckner-Hoeman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Sept 3, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell
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(Licensed Embalmer's Statement on Reverse Side)

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1-57
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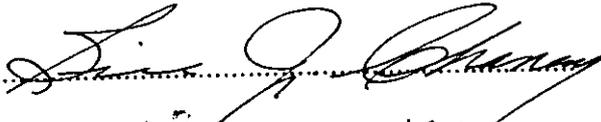
dated

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Dr. M.E. Grimes
All diseases in Part I must be causally related.

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. 4679
P. O. Address St. Joseph, Mo.

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.