

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033159

STATE FILE NUMBER

FILED SEP 23 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 388

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence 70050	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D Indep. Sanit. & Hospital		d. STREET ADDRESS (If outside, give location) 801 Carlisle	
3. NAME OF DECEASED (Type or print) First Harry Middle Orville Last Wright		4. DATE OF DEATH Month Sept. Day 13 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
11. BIRTHPLACE (City and state or country) Monticello, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David L. Wright		13b. MOTHER'S MAIDEN NAME Goldie Fible	
14. NAME OF HUSBAND OR WIFE Eileen M. Wright		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. 368-07-3709		17. INFORMANT Mrs. Eileen M. Wright 801 Carlisle Kansas City 28, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition shown in PART I (a) History of Heart Trouble			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour _____ 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	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Nesby W. Queen		22b. ADDRESS 1034 Riveto Blvd	
22c. DATE SIGNED 9-15-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Sept. 15, 1958		23c. NAME OF CEMETERY OR CREMATORY Monticello Cemetery	
23d. LOCATION (City, town, or county) (State) Monticello, Missouri		24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons Independence, Mo.	
25. DATE RECD. BY LOCAL REG. 9-15-58		26. REGISTRAR'S SIGNATURE James Key	

MS FEB 16 1968

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 *A. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indy 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.