

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033290

STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 155 Primary Registration District No. 4246 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carl Junction, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Carl Junction</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>516 So. Roney</b>		Length of stay in lb <b>55 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>516 So. Roney St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>DAVID ELMER WRIGHT</b>			4. DATE OF DEATH Month <b>9-</b> Day <b>19-</b> Year <b>58</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-27-1882</b>	9. AGE (In years at birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	11. BIRTHPLACE (City and state or country) <b>Mercer Co., Ohio /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>W. M. Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Bowers Wright</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>488-16-3871</b>	17. INFORMANT Address <b>Grace Wright, Carl Junction, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fur shot wound fatal</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>976X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Put gun muzzle to head pulled trigger</b>			
20c. TIME OF INJURY Hour <b>9:30</b> a.m. Month, Day, Year <b>9-22-58</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Jasper</b>		STATE <b>Mo.</b>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>9:30 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Walter M. Corner</b>			22b. ADDRESS <b>Jasper Mo</b>		22c. DATE SIGNED <b>9/22/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-22-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Carl Junction Cem.</b>		23d. LOCATION (City, town, or county) <b>Carl Junction, Mo.</b>	
24. FUNERAL DIRECTOR <b>Don Roney, Carl Jct., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-30-58</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Henry E. Lane

Licensed Embalmer No. 4463

P. O. Address Winn City

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.