

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037383

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 277

Primary Registration District No. 5950

Registrar's No. 53

5. 300
1. -57

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY PIKE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE 1770 b. COUNTY PIKE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARTFORD | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN NEW HARTFORD |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | 082 STREET ADDRESS (If outside, give location) C |
| 3. NAME OF DECEASED (Type or print) First Middle Last HARRY CLAY WRIGHT | | | 4. DATE OF DEATH Month Day Year Oct 12 1958 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct 22 1877 |
| 9. AGE (In years last birthday) 81 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. | 10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) teaching |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (City and state or country) PIKE CO. MO |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME John E. Wright | 13b. MOTHER'S MAIDEN NAME ALVIRA WELLS |
| 14. NAME OF HUSBAND OR WIFE MARIE | | 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. yes |
| 17. INFORMANT Mrs. Dora Wright | | Address Middleton | |
| 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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) 4201 | | | INTERVAL BETWEEN ONSET AND DEATH short time yes |
| 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 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 Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 Sept 25 1958 to Oct 12 1958 and last saw him alive on Sept 25 1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. M. Mathews M.D. | | 22b. ADDRESS Bowling Green Mo | |
| 22c. DATE SIGNED 10-21-58 | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE Oct 14 1958 | 23c. NAME OF CEMETERY OR CREMATORY ASHLEY | 23d. LOCATION (City, town, or county) (State) Ashley Pike Co. 1770 |
| 24. FUNERAL DIRECTOR Grace Bankhead | ADDRESS Bowling Green, Mo | 25. DATE RECD. BY LOCAL REG. 10/24/58 | 26. REGISTRAR'S SIGNATURE Bill Robinson |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 28 19

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 *Harold Kirk*

Licensed Embalmer No. *4597*

P. O. Address *Baltimore Md*

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.