Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039032
STATE FILE NUMBER

Filed NOV 24 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1245

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp. — Length of stay in 1b: 10 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1019 Faraon St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Beulah — Middle Fern — Last Wright

4. DATE OF DEATH: Month November — Day 18 — Year 1958

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 26, 1892
9. AGE (In years last birthday): 66 — 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): Sec. & Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Reality Co.
11. BIRTHPLACE (City and state or country): Bolckow, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Charles A. McCoppin
13b. MOTHER'S MAIDEN NAME: Carrie Houghtaling
14. NAME OF HUSBAND OR WIFE: George

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.: 521-36-4797
17. INFORMANT: Mrs. Cleo Yehle, Maryville, 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) acute posterior myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 4/58, to 11/18/58 and last saw her/him alive on 11/18/58
Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Donald J. Stallard, MD (Degree or title)
22b. ADDRESS 902 Edmond
22c. DATE SIGNED 11/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/20/1958
23c. NAME OF CEMETERY OR CREMATORY: Miriam Cemetery
23d. LOCATION (City, town, or county) (State): Maryville, Mo.

24. FUNERAL DIRECTOR: Price Funeral Home ADDRESS: Maryville, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 19, 1958
26. REGISTRAR'S SIGNATURE: Wm. Clark Hodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Donald J. Stallard

JAN 7 1959

VS OCT 21 1959

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Marysville, M

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.