

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040438

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 213

300  
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage c-4930	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1051 Garrison		d. STREET ADDRESS (If outside, give location) 1051 S. Garrison	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM WILBERFORCE WRIGHT		4. DATE OF DEATH Month Day Year Nov. 21, 1958	
5. SEX male 0	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 August 23, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) realtor & ins. agent		10b. KIND OF BUSINESS OR INDUSTRY real estate	11. BIRTHPLACE (City and state or country) Connersville, Indiana
13a. FATHER'S NAME Curtis Wright		13b. MOTHER'S MAIDEN NAME Nira Koogler	14. NAME OF HUSBAND OR WIFE Flora Caffec Wright
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. W.W. Wright, 1052 Garrison, Carthage, 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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours 10 years
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.) 4201	
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 5/1/46 to 11-21-58 and last saw her alive on 11-21-58 Death occurred at 4:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles H. Shell MD <sup>0</sup>		22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 11-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-24-58	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. 11-22-58	26. REGISTRAR'S SIGNATURE Ely Clifton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 22 1956

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STATEMENT BY LICENSED EMBALMER

X 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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Carthage, 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.