

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011980
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 65

300
1-57

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Missouri		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Charleston		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Volta Comm. Hosp.		Length of stay in lb 1 Hour	d. STREET ADDRESS (If outside, give location) 202 Vine St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lulon Middle --- Last Wright			4. DATE OF DEATH Month 4 Day 5 Year 59		
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 6/12/1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co.	11. BIRTHPLACE (City and state or country) Killebrew, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Tom Wright		13b. MOTHER'S MAIDEN NAME Hester Weeks		14. NAME OF HUSBAND OR WIFE Thelma Wright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) Yes 7.7.51		16. SOCIAL SECURITY NO. 130-34-9982	17. INFORMANT Address Mrs. Thelma Wright, Charleston, 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) Auricular Fibrillation					INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ac. Coronary Thrombosis					
DUE TO (c) _____					
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 Jan 1955 to 4/5/59 and last saw ^{her} him alive on 4/5/59 Death occurred at 1:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) E. Charles Ralving M.D.			22b. ADDRESS Charleston, Mo		22c. DATE SIGNED 4/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/7/59	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Mo.
24. FUNERAL DIRECTOR ADDRESS The ... Funeral Chapel			25. DATE RECD. BY LOCAL REG. 4-9-59	26. REGISTRAR'S SIGNATURE Miss Ella Hunter	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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 *John F. Hummel*

Licensed Embalmer No. *3851*

P. O. Address *Charleston,*

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.