

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013089

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 91

300

1-57

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1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence Mo 7005 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Clinton Gene		Length of stay in 1b 5, 0, 2,	d. STREET ADDRESS (If outside, give location) 108 Sinclair Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM KEITH WRIGHT			4. DATE OF DEATH Month Day Year 4-12-1959			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 10 1918	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus DRIVER		10b. KIND OF BUSINESS OR INDUSTRY KE Public Service	11. BIRTHPLACE (City and state or county) WHEATLAND Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LAWRENCE WRIGHT		13b. MOTHER'S MAIDEN NAME Un Known	14. NAME OF HUSBAND OR WIFE Fontella Wright			
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. 495-07-1607	17. INFORMANT Fontella Wright, 108 Sinclair Independence 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) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Instant
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) Death occurred enroute to hospital - Expired in automobile	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 9:00 am	Banked on Second St in front of Clinton General Hospital.	

20d. INJURY OCCURRED WHILE AT WORK <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 Clinton, Mo.
21. I attended the deceased from No medical attendant and last saw her death occurred on 4/12/59 Death occurred at approx 9:00 am on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) W D Bradshaw, MD (Coroner)	22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 4/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/12/1959	23c. NAME OF CEMETERY OR CREMATORY Via Auto	23d. LOCATION (City, town, or county) (State) MACON Missouri
24. FUNERAL DIRECTOR Bran Funeral Home	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-12-59	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

APR 28 1958

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 Eugene R. Consalvo

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.