

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023850  
STATE FILE NUMBER

FILED JUL 15 1959 Registration District No. 347 Primary Registration District No. Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hurley Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Crane, Rt. #2</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in lb <b>48 years</b>	d. STREET ADDRESS (If outside, give location) <b>1 1/2 miles NE Hurley</b>
3. NAME OF DECEASED (Type or print) <b>LYMAN WRIGHT</b>		4. DATE OF DEATH <b>June 25, 1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 27, 1910</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Farmer &amp; Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dairy - School</b>	11. BIRTHPLACE (City and state or country) <b>Hurley, Missouri</b>
13a. FATHER'S NAME <b>William Ellis Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Emaline Jones</b>	14. NAME OF HUSBAND OR WIFE <b>Goldie</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-14-0186</b>	17. INFORMANT <b>Mrs. Goldie Wright, Rt. #2, Crane, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Congestive Heart Failure.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Rheumatic - Carditis.</b>			<b>9 years</b>
DUE TO (c) <b>416x</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Severe Senesalized Rheumatoid Arthritis</b>			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 <b>1939</b> to <b>June 25, 1959</b> and last saw him alive on <b>June 25, 1959</b> Death occurred at <b>11:15 p.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. P. Lyman M.D.</b> (Degree or title)		22b. ADDRESS <b>Crane, Mo.</b>	22c. DATE SIGNED <b>6-26-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/28/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wrights Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Stone, Co., Missouri</b>
24. FUNERAL DIRECTOR <b>Jean Harris,</b> ADDRESS <b>Clever, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 7-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. J. Elmer Brasen</b> <b>Paulina Murray</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Caution: Do not use any standard nomenclature in their text. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 22 1961

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 ..... *J. Jean Harris* .....

Licensed Embalmer No. 4390 .....

P. O. Address Clever, 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.