SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

-61-013116
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 144

FILED MAY 15 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 311 West Atchison — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MRS. Middle RUBY Last MADDEN WRIGHT

4. DATE OF DEATH: Month May Day 10, Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-27-1882
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months 9½ Days 14 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and state or country): Munice, Indiana
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jefferson Walburn Madden
13b. MOTHER'S MAIDEN NAME: Ageline Klickner
14. NAME OF HUSBAND OR WIFE: Thompson H. Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. R. C. Lawler — Address: 311 W. Atchison, J.C., 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): Coronary infarction recent — INTERVAL BETWEEN ONSET AND DEATH: few days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension Cardio Vascular Dem — years
DUE TO (c): + Recent Cerebro Vascular accident c hemiplegia — 2 wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1953, to May 10 1961 and last saw her/him alive on May 9/1961
Death occurred at 6 00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William A Cox MD
22b. ADDRESS: Jefferson City Mo
22c. DATE SIGNED: May 10 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 12, 1961
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Victor Buroschen JC
25. DATE RECD. BY LOCAL REG.: Mar 12 May-1961
26. REGISTRAR'S SIGNATURE: R.P. Dorris MD N Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1964

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_____ Signed Victor Buenchi

Signature of Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Yerma

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.