

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022118  
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 769

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 9 1962**

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Length of stay in 1b 14 days  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Holt  
c. CITY OR TOWN Mound City, Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First HAMER Middle G. Last WRIGHT 4. DATE OF DEATH Month June Day 28 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH June 14, 1876 9. AGE (last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Forest City, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Wright 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE ---

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. None 17. INFORMANT Mr. George Cotton-Mound City, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days  
DUE TO (b) Generalized Arteriosclerosis Unknown  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) State Hospital diagnosis Chronic Brain Syndrome, associated with cerebral arteriosclerosis with Psychotic Reaction  
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.) cerebral arteriosclerosis with Psychotic Reaction

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 June 27, 1962 to June 28, 1962 and last saw him alive on June 27, 1962  
Death occurred at 3:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. F. Mundy M.D. 22b. ADDRESS St. Joseph Mo, June 27-1962 22c. DATE SIGNED \_\_\_\_\_

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE June 28, 1962 23c. NAME OF CEMETERY OR CREMATORY Pettijohn & Crawford F. H. 23d. LOCATION (City, town, or county) (State) Mound City, Missouri

24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. July 5, 1962 26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF H.F. Mundy, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

**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 Raymond H. Moore

Licensed Embalmer No. 5147

P. O. Address St. Joseph, 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.