

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046028

1466

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1466

FILED JAN 3 1962	
1. PLACE OF DEATH	
a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph	a. STATE Missouri b. COUNTY Buchanan
Length of stay in 1b unknown	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wilson Nursing Home	d. STREET ADDRESS (If outside, give location) 2211 S. 8th
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First ROBERT	Middle MC DONALD
Last WRIGHT	4. DATE OF DEATH
December 24, 1962	
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 4/30/1885
9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer	10b. KIND OF BUSINESS OR INDUSTRY
Broken Bone, Nebr.	
11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Donald Wright	13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Clara	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Mrs. Clara Wright, 2211 S. 8th, St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	
PART I. IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease	
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)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. _____	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 St. Joseph
COUNTY _____ STATE _____	
21. I attended the deceased from 4/23/62 to 12/24/62 and last saw ^{her} him alive on 12/17/62	
Death occurred at 5:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>D. E. Sklar, M.D.</i>	22b. ADDRESS SOCIAL WELFARE BOARD 10th & Olive, St. Joseph, Mo.
22c. DATE SIGNED 12/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/28/62
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery	
23d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
24. FUNERAL DIRECTOR Heaton-Bowman	25. DATE RECD. BY LOCAL REG. Jan. 2, 1963
ADDRESS St. Joseph, Mo.	
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

15117

25117

3

4 0

5 1

6

7 1

8 2

94200

10

11

1286-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

D. E. Sklar, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 12/27/62

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, 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.