

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000459

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 29

FILED JAN 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117

25117

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99108

10 40

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF S.E. Melaney, M.D. CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>St. Joseph</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>d/o/a Methodist Hospital</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>803 Dewey Ave.</u>
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>Eugene</u> Last <u>Wright</u>			4. DATE OF DEATH Month <u>January</u> Day <u>10</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 19, 1923</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	9. AGE (last birthday) <u>39</u>
13a. FATHER'S NAME <u>Jare Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Miller</u>	11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of) <u>yes W.W. 2</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE <u>Barbara Wright</u>	
17. INFORMANT <u>Barbara Wright</u>		Address <u>803 Dewey Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>26 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Covered by dirt</u>			<u>15 min</u>
DUE TO (c) <u>Accidental cave in of ditch</u>			<u>2 1/2 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Was digging in ditch, made partly by dragline</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>rove in ditch to have covered</u>	
20c. TIME OF INJURY <u>2:40 p.m.</u>		Month, Day, Year <u>1-10-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>sewer ditch</u>	20f. CITY, TOWN, OR LOCATION <u>St. Joseph</u>
21. I attended the deceased from <u>covered body</u>		COUNTY <u>Buchanan</u>	STATE <u>MO</u>
Death occurred at <u>2:40 p.m.</u>		and last saw ^{her} him <u>1-10-63</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>S.E. Melaney, M.D.</u>		22b. ADDRESS <u>620 Franklin St. Joseph, Mo.</u>	22c. DATE SIGNED <u>1-14-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 12, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public Cemetery St. Joseph, Mo.</u>
24. FUNERAL DIRECTOR <u>Clark Funeral Home St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 15, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>

JAN 21 1963

JAN 23 1963

Permitted 1/11/63

121
352

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

Eme A Clark

Licensed Embalmer No. 4238

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.