

CERTIFICATE OF DEATH

69 0044589

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 131

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/70

|   |  |  |   |   |  |  |
|---|--|--|---|---|--|--|
| DECEASED—NAME FIRST MIDDLE LAST   |  |  | SEX   | DATE OF DEATH (MONTH, DAY, YEAR)                    |  |  |
| 1. William Andrew WRIGHT  |  |  | 2. Male   | 3. Nov. 25, 1969                                    |  |  |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)  |  | AGE—(LAST BIRTHDAY (YEARS) MOS. DAYS)                | UNDER 1 YEAR  | UNDER 1 DAY   | DATE OF BIRTH (MONTH, DAY, YEAR)   |  |
| 4. White  |  | 5a. 67   | 5b.   | 5c.   | 6. Aug. 19 1902  |  |
| CITY, TOWN, OR LOCATION OF DEATH  |  |  | HOSPITAL OR OTHER INSTITUTION—(NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER))                 |   |  |  |
| 7a. Monett  |  |  | 7b. Yes 7c. St. Vincent's Hospital  |   |  |  |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)   |  | CITIZEN OF WHAT COUNTRY                              |   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) |  | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| 8. Arkansas   |  | 9. U S A   |   | 10. Married   |  | 11. Merle Robberson                          |
| SOCIAL SECURITY NUMBER  |  |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RESIRED)          |   | KIND OF BUSINESS OR INDUSTRY   |  |
| 12. 488-24-2218-A   |  |  | 13a. Farmer   |   | 13b.   |  |
| RESIDENCE—STATE   |  | COUNTY   | CITY, TOWN, OR LOCATION   |   | INSIDE CITY LIMITS (SPECIFY YES OR NO)   | STREET AND NUMBER                            |
| 14a. Missouri   |  | 14b. Barry   | 14c. Cassville  |   | 14d. No  | 14e. Route 2                                 |
| FATHER—NAME FIRST MIDDLE LAST   |  |  | MOTHER—MAIDEN NAME FIRST MIDDLE LAST  |   |  |  |
| 15. William L Wright  |  |  | 16. Fanny Unknown   |   |  |  |
| INFORMANT—NAME  |  |  | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)                                |   |  |  |
| 17a. Merle Wright   |  |  | 17b. Route 2, Cassville, Missouri 65625   |   |  |  |
| PART I. DEATH WAS CAUSED BY:  |  |  |   |   |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE   |  |  |   |   |  |  |
| (a) MYOCARDIAL INFARCTION   |  |  |   |   |  | 30 MIN.                                      |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |  |   |   |  |  |
| (b) ARTERIOSCLEROTIC HEART DISEASE  |  |  |   |   |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |  |   |   |  |  |
| (c)   |  |  |   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)  |  |  |   |   |  | AUTOPSY (YES OR NO)                          |
|   |  |  |   |   |  | 19a. No                                      |
| IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH   |  |  |   |   |  | 19b.   |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  | DATE OF INJURY (MONTH, DAY, YEAR)  | HOUR   | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)                      |   |  |  |
| 20a.  | 20b.   | 20c.   | 20d.  |   |  |  |
| INJURY AT WORK (SPECIFY YES OR NO)  | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS                                    |   |  |  |
| 21a.  | 21b.   | 21c.   | 21d. 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK |   |  |  |
| CERTIFICATION—PHYSICIAN:  | MONTH DAY YEAR   | MONTH DAY YEAR                                       | AND LAST SAW HIM/HER ALIVE ON   | I DID/DID NOT VIEW THE BODY AFTER DEATH.            | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |  |
| 21a. DECEASED FROM  | NOV. 25, 1969  | NOV. 25, 1969  | 21c. NOV. 25, 1969  | 21d. DID  | 21e. 11:00 A.M.  |  |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  |  |   |   |  |  |
| 22a. 11:00 A.M. 22b. NOV. 25, 1969 22c. 11:00 A.M.  |  |  |   |   |  |  |
| CERTIFIER—NAME (TYPE OR PRINT)  |  |  | SIGNATURE   |   | DEGREE OR TITLE  | DATE SIGNED (MONTH, DAY, YEAR)               |
| 23a. WILLIAM D. GEORGE M.D.   |  |  | 23b. William D. George, M.D.  |   | 23c. M.D.  | 23d. Nov. 29, 1969                           |
| MAILING ADDRESS—CERTIFIER   |  |  |   |   |  |  |
| 23a. MASONIC BUILDING MONETT, MISSOURI 65708  |  |  |   |   |  |  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)  |  | CEMETERY OR CREMATORY—NAME                           |   | LOCATION  |  |  |
| 24a. Burial   |  | 24b. Oak Hill Cemetery                               |   | 24c. Cassville, Missouri                            |  |  |
| DATE (MONTH, DAY, YEAR)   |  |  |   |   |  |  |
| 24d. Nov. 30, 1969  |  |  |   |   |  |  |
| FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  |  |  | DATE RECEIVED BY LOCAL REGISTRAR  |   |  |  |
| 25a. Culver Funeral Home, Cassville, Missouri 65625   |  |  | 25b. Dec 1 1969   |   |  |  |
| FUNERAL DIRECTOR—SIGNATURE  |  | REGISTRAR—SIGNATURE                                  |   | DATE RECEIVED BY LOCAL REGISTRAR                    |  |  |
| 26a. Paul D. Deubert  |  | 26b. Mrs. V. B. Cook                                 |   | 26c.  |  |  |

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 0  
10a. 67  
10b.  
11. 1  
12. 1  
13. 4109  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 2-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 12 1939

**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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.