

FILED NOV 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38356**  
Registrar's No. **244**

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. <b>244</b>	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (In this place) <b>3 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		d. STREET ADDRESS (If rural, give location) <b>210 Horsley</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McComick Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>210 Horsley</b>			
3. NAME OF DECEASED (Type or Print) <b>OLLIE — WRIGHT</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>November-14-1949</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Black</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>Oct-10-1879</b>	
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>Retired Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Chariton County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Allen Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Bettie Wright</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Alice Roberts 210 Horsley Moberly Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostitis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1010X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec. 24, 1949</b> , to <b>Nov. 14, 1949</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Benj. S. Jolly M.D.</b>				23b. ADDRESS <b>203 1/2 N. Clark Moberly, Mo</b>		23c. DATE SIGNED <b>11/15/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Nov-16-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rakland</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly Mo.</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>269</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Snow Funeral Home Moberly Mo</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED NOV 22 1949  
District Health Officer No. 10  
District File Number 11-49-195  
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**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.

Signed R. M. Cates

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Maahaly 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 this body is not embalmed, fact should be so stated above.