

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40114
State File No.

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett 901 Central St</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett Mo 2</u>	
c. LENGTH OF STAY (In this place) <u>37 years</u>		d. STREET ADDRESS (If rural, give location) <u>Monett Mo 901 Central St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Family Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Solon</u>	b. (Middle) _____	c. (Last) <u>Wright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 19 1864</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Pierce City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.P. Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Brite</u>	14. NAME OF HUSBAND OR WIFE <u>Ettie (Pass) Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Adams Monett, Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>43 days</u>
	ANCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Seculity</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Oct 6 1949, to Nov 30 1949, that I last saw the deceased alive on Nov 30 1949 and that death occurred at 8:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rae H. Douby M.D.</u>	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>12/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 3rd 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-28-49</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bennett & Worming Funeral Home, Monett</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 28 1949

District Health Office No. 6,

District File Number 1249-1384

Date Filed DEC 28 1949

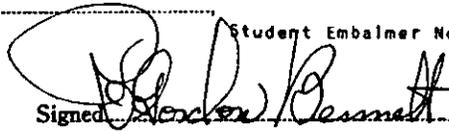
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____



Signed.....

Student Embalmer,

Licensed Embalmer No. 4210

P. O. Address Marion, Missouri

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.