entry IAN		THE DIVISION						407
FILED JAN	6 195 0	STANDARD (File No	
BIRTH NO		_ REG. DIST. NO	<u> 118 —</u> pri	IMARY REG. DIST.	ю5	440 Regist	rar's No	<u>50</u>
1. PLACE OF DEAT	TH		2.	USUAL RESID	ENCE (W	here deceased live	ed. If ineti	tution: reside
a. COUNTY			li	a. STATE M18 SC		b. COU	TY Gas	
	<u>sconade</u>							
b. CITY (If outside corr OR	porate limita, write Ri	URAL and give C. LEN township) STAY ((in this place)	C. CITY (If outside corr		•		hip) 🔑
TOWN Rural	Clay to	wnship ! lv		tŏŵn Rura]	l(Cla:	y Townsi	hip)	
d. FULL NAME OF (1)		stitution, give street address o		d. STREET	(U rural,	rive location)		
HOSPITAL OR INSTITUTION				ADDRESS				
3. NAME OF 6	a. (First)	b. (Middle	2)	c. (Last)			(Month)	(Day) (
(Type or Print)	Luther	Lee	ž.	Wright		OF DEATH D	ec.25	-1949
	COLOR OR RACE I	2 MADDIED NEVED M	ADDIED I O	DATE OF BIRTH		9. AGE (In year		
* SEA A 8.0	JOLDH OR RACE	7. MARRIED, NEVER MA WIDOWED, DIVORCED) (Specify)	DATE OF BIRIT		last birthday)	Months	PAR IF DROP Days Hours
Male//	White	widowed/		Ian188	36	63		ł
10a. USUAL OCCUPATION	N (Give kind of work	10b. KIND OF BUSINES	S OR IN- II	I. BIRTHPLACE (State	or foreign co	aptis)	1	12. CITIZEN
doze during most of working	g life, even if retired)	_	DUSTRY		_	7)	- 1	COUNTRY
farmer	!	! <u></u>		<u>Missou</u>	<u>ırı </u>	<i>! </i>	<u> </u>	u.s.
3a. FATHER'S NAME		13b. MOTHER	S MAIDEN NA	ME		OF HUSBAND		
Jasper Wri	ight	Effia	Hinch		Mar	garett (Campb	ell
IS. WAS DECEASED EVER				. INFORMANT'	S SIGNA	TURE OR NA	ME	ADD
(Yes, no, or unknown) (If y	yes, give war or dates o		NO. (36 T4 -	TT	- 0-11	•	
		unkno		Mr. Jim	nenr	<u>7 -8411</u>	<u>lvan.</u>	
18. CAUSE OF DEATH			DICAL CER	RTIFICATION	10	,	1	INTERVAL B ONSET AND
Enter only one cause per	I. DISEASE OR CO DIRECTLY LEAD!	ING TO DEATH*	2 cate	coronary	Hor	m 005 3	1	10 41
line for (a), (b), and (c)		(a)		r	,,,,,,			70 40
*This does not mean	ANTECEDENT CA			<i>[]</i>			1	1
he mode of dying, such	Morbid conditions	r, if any, giving DUE TO (I ruse (a) stating se last.	ь)					
as heart fallure, asthenia,	rise to the above ca	use (a) stating		•	•	•	.	11.
de. It means the dis-	the undersymp can	DUE TO (c	•)					4200
case, injury, or complica-	II OTHER CICALE	ICANT CONDITIONS	"				']	7
ايمني نيني	II. UIMER SIGNIF							i ^r
tion which caused death.	Charlestone acceptable			<i>y</i> (1)			·	ر ا
tion which caused death.	Conditions contributed to the disease	uting to the death but not se or condition causing death	· Car	diac De	com	Deusat	ion	141
19a, DATE OF OPERA-		uting to the death but not se or condition causing death DINGS OF OPERATION	. Pan	diac De	com	pensat	10m	20, AUTOP:
			. Can	diac De	com	pensat	10m	20. AUTOPS
19a. DATE OF OPERATION	19b, MAJOR FIND	DINGS OF OPERATION				· ·		20. AUTOPS
19a. DATE OF OPERATION	19b. MAJOR FIND	DINGS OF OPERATION	., in or about 21	diac De		· ·	UNTY)	20. AUTOPS YES (STAT
19a. DATE OF OPERA- TION	19b. MAJOR FIND	DINGS OF OPERATION	., in or about 21			· ·		·
19a, DATE OF OPERATION 21a, ACCIDENT SUICIDE HOMICIDE 21d, TIME (Month)	19b, MAJOR FIND (Appelly) 2	DINGS OF OPERATION	., in or about 21		TOWNSHIP	· ·		·
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF (Month)	19b, MAJOR FIND (Apocly) 2	DINGS OF OPERATION 21b. PLACE OF INJURY (e.g. dome, farm, factory, street, office Hour) 21e. INJURY OC WHILEAT NOT	in or about 21 to bidgetc.) CCURRED 21	Ic. (CITY, TOWN, OR	TOWNSHIP	· ·		·
19a, DATE OF OPERATION 21a, ACCIDENT SUICIDE HOMICIDE 21d, TIME (Month)	19b, MAJOR FIND (Apocly) 2	DINGS OF OPERATION 21b. PLACE OF INJURY (e.g. dome, farm, factory, street, office Hour) 21e. INJURY OC WHILEAT NOT	to or about 21 council 21 cou	Ic. (CITY, TOWN, OR	TOWNSHIP OCCUR?	(co	(УТИИ	(STAT
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mostb) OF INJURY 22. I hereby certify the	(Bpedity) 2 (Day) (Year) (Bat I attended the	DINGS OF OPERATION 21b. PLACE OF INJURY (e.g. bome, farm, factory, street, office Hour) 21e. INJURY OC m. WHILE AT NOT WORK AT	in or about 21 curred 21 curred 21 curred 42 - 2.5	Ic. (CITY, TOWN, OR II. HOW DID INJURY	OCCUR?	(co	UNTY)	(STAT
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Student Embalmer

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STATEMENT	RY	LICENSED	FMRA	IMER

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

Licensed Embalmer No P. O. Address

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.