

S. No. 300
V. 10.48

FILED JAN 24 1950

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. 432
Registrar's No. 13

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Randolph

b. CITY (If outside corporate limits, write RURAL and give township) Hulston c. LENGTH OF STAY (in this place) 54 yrs 13d

c. CITY (If outside corporate limits, write RURAL and give township) Moberly 0882

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hos #1 d. STREET ADDRESS (If rural, give location) 1324 Buchanan

3. NAME OF DECEASED
a. (First) KENNETH b. (Middle) H c. (Last) WRIGHT

4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1950

5. SEX m 6. COLOR OR RACE w 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2

8. DATE OF BIRTH May 16 1926 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Day IF UNDER 24 HRS. Hours Min. 23 7 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Brook Hill Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ashby Wright 13b. MOTHER'S MAIDEN NAME Edith Brooks 14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) dk dk 16. SOCIAL SECURITY NO. dk 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Lusby Moberly Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac dilatation
MEDICAL CERTIFICATION 1132 Emerson INTERVAL BETWEEN ONSET AND DEATH 4343
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES BR. pneumonia
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-11, 1950, to 1-12, 1950, that I last saw the deceased alive on 1-12, 1950, and that death occurred at 6:47 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J Caldwell MD 23b. ADDRESS State Hos Hulston Mo 23c. DATE SIGNED 1-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 15-1950 24c. NAME OF CEMETERY OR CREMATORY Hunterville Cem 24d. LOCATION (City, town, or county) (State) Hunterville Mo

DATE REC'D BY LOCAL REG. Jan-14-1950 REGISTRAR'S SIGNATURE Maretha Lawrence 426 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Hulston, Mo

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

JAN 24 1950

RECEIVED
JAN 23 1950
District Health Officer No. 9,
District File Number

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. 339

Signed.....
Student Embalmer

Russell C. Maag

Signed.....

Peniel C. Rowling

Licensed Embalmer No. 2724

P. O. Address *Fulton 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.