

No. 300
10-48
1660
FILED MAR 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9663

BIRTH NO.		REG. DIST. NO. 212	PRIMARY REG. DIST. NO. 5779	Registrar's No. 13
1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - FRANKLIN		c. LENGTH OF STAY (in this place) 50 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - FRANKLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi S-W-ELDON		d. STREET ADDRESS (If rural, give location) 5 mi S-W-ELDON		
3. NAME OF DECEASED (Type or Print) Rhoda		a. (First) June	b. (Middle) Wright	c. (Last) Wright
4. DATE OF DEATH (Month) (Day) (Year) March 18 1950		5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 12 June 1867		9. AGE (in years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (State or foreign country) SHERIDAN - CO - MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME James M. Barlow	13b. MOTHER'S MAIDEN NAME Julia Ann Fisher	14. NAME OF HUSBAND OR WIFE Oris C Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Oris C Wright	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT 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.		INTERVAL BETWEEN ONSET AND DEATH 7 days 491X
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		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.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none	
22: I hereby certify that I attended the deceased from March 11 1950, to March 18 1950, that I last saw the deceased alive on March 17, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Cook E. Minner		(Degree or title) D.O.	23b. ADDRESS ELDON MO	23c. DATE SIGNED 20 March 50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 20 March 50	24c. NAME OF CEMETERY OR CREMATORY Wood-Cem.	24d. LOCATION (City, town, or county) (State) Miller-Co. MO
DATE REC'D BY LOCAL REG. Mar. 20, 50		REGISTRAR'S SIGNATURE Adverna Walter	192 25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Kay	ADDRESS Eldon MO

(Licensed Embalmer's Statement on Reverse Side)

District File Number
District Health Officer No. 9
RECEIVED MAR 24 1950

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'.....
Student Embalmer

Signed Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.