

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12277

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5236 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Cedar.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>Rural Box</u>		c. CITY OR TOWN <u>Eldorado Springs, Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. CITY OR TOWN <u>Box Twp.</u>	
		f. STREET ADDRESS <u>0200</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>	a. (First) <u>W</u>	b. (Middle) <u>R</u>	c. (Last) <u>WRIGHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-50</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>widowed</u>	8. DATE OF BIRTH <u>July 25, 1879</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marvin Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Keller</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Molly Morris Eldorado Springs</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial failure.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4222</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 12 Apr, 1950 to 19 Apr, 1950, that I last saw the deceased alive on 14 Apr, 1950, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Hill M.D.</u>	Degree or title _____	23b. ADDRESS <u>Eldorado Springs, Mo.</u>	23c. DATE SIGNED <u>20 Apr 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>	24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>APRIL 20, 1950</u>	REGISTRAR'S SIGNATURE <u>Her Peterson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Swain-Carstens</u>	ADDRESS <u>Eldorado Springs</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 718

District File Number 3-50-428

Date Filed 4-27-50

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 *Floyd E. Carothers*

Licensed Embalmer No. 4419

P. O. Address *La Dorado Springs*

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.