

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14036

0804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 126

| | | | |
|--|---------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Benton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lincoln, MO</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1717 S. MISSOURI</u> | | d. STREET ADDRESS (If rural, give location) <u>10 miles S. W.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Mesley</u> c. (Last) <u>Wright</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 27, 1950</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct 16, 1863</u> |
| 9. AGE (In years last birthday) <u>86</u> | | 10. IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>JAMES WRIGHT</u> | | 13b. MOTHER'S MAIDEN NAME <u>NANCY PARKER</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Helem Wright</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Helem Wright</u> | | ADDRESS <u>Sedalia, Mo</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collaps</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u> DUE TO (c) <u>Carcinoma pylorus</u> 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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) _____ m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>September 1946</u> , to <u>March</u> , 1950, that I last saw the deceased alive on <u>March 27, 1950</u> , and that death occurred at <u>12:55 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>H. W. Willbur</u> | | 23b. ADDRESS <u>2007 Sedalia, Missouri</u> | |
| 23c. DATE SIGNED <u>3-27-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>Mar 29, 1950</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Benton County, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-29-1950</u> | | REGISTRAR'S SIGNATURE <u>A. J. Campbell</u> | |
| FUNDAL DIRECTOR'S SIGNATURE <u>W. J. Reser</u> | | ADDRESS <u>Lincoln, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 3

District Health Officer

District File Number.....

Date Filed 4-18-50

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.....

John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.