S. No. 300
v. 10-48

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23054

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 41

0210

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

1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KEYTESVILLE
c. LENGTH OF STAY (in this place): 10 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WATER-ST 2ND HIGHWAY #24

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KEYTESVILLE MO 0210
d. STREET ADDRESS (If rural, give location): WATER-ST- + HIGHWAY #24

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): —
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): JUNE 28 1950

5. SEX: MALE
6. COLOR OR RACE: BLACK
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 3rd 1872
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 1, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER-RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: DIRT-FARMER
11. BIRTHPLACE (State or foreign country): MO
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: WILLIAM-WRIGHT.
13b. MOTHER'S MAIDEN NAME: MARTHA. EWING
14. NAME OF HUSBAND OR WIFE: MATTIE-WRIGHT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MATTIE-WRIGHT-KEYTESVILLE-MO

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): Chronic endocarditis — INTERVAL BETWEEN ONSET AND DEATH: Don't know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4214

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) m.
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* May, 1947, *to* June 28, 1950, *that I last saw the deceased alive on* June 25, 1950, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl C. Weger (Degree or title): M.D.
23b. ADDRESS: Keytesville Mo
23c. DATE SIGNED: 6/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY-1ST 1950
24c. NAME OF CEMETERY OR CREMATORY: CITY-CEMETERY
24d. LOCATION (City, town, or county) (State): KEYTESVILLE MO

DATE REC'D BY LOCAL REG.: 7/2/50
REGISTRAR'S SIGNATURE: G. W. Hawkins 55
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hyde + Garnett Keytesville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 1 1 1959
District Health Officer No. 10
District File Number 70-50-1135
Date Filed JUL 1 5 1959

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.