

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23432

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moody, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>13 days</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christa Hogan Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>OTTO</b> b. (Middle) <b>LEWIS</b> c. (Last) <b>WRIGHT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 16, 1950</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Apr. 15, 1890</b>	9. AGE (In years last birthday) <b>60</b>	10. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Moody, Missouri</b>	

13a. FATHER'S NAME <b>Joseph L. Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Victoria Powell</b>		14. NAME OF HUSBAND OR WIFE <b>Nelle Phumphrey Wright</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-30-2154</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nelle Wright, Moody, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>13 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES			4201
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 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)		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 7-3, 1950, to 7-16, 1950, that I last saw the deceased alive on 7-16, 1950, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>West Plains, Mo.</b>		23c. DATE SIGNED <b>7/21/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Jul. 20, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Moody Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Moody, Missouri</b>	
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DATE RECD BY LOCAL REG. <b>7-25-50</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>		379		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hal Shouburg W. Plains, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

461

AUG 9 1950

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 31 1950

Dist. File 750-900

Date Filed 7-31-50

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 Hal. Plouffe

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.