

FILED OCT 11 1950

STANDARD CERTIFICATE OF DEATH

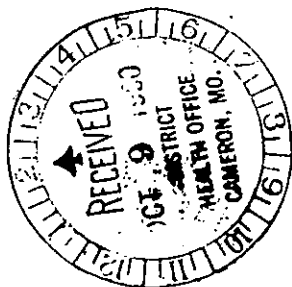
29805

State File No.

BIRTH NO.		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (In this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		<u>1251</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>\$ 517 N Walnut St</u>				d. STREET ADDRESS (If rural, give location) <u>517 N Walnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Garner</u>		b. (Middle) <u>Cleveland</u>		c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-50</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>aug 9, 1884</u>	
9. AGE (In years last birthday) <u>66</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>Stewartsville, De Kalb Co, Ga</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Goody R. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Bivens</u>		14. NAME OF HUSBAND OR WIFE <u>Jena Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-07-5059</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jena Wright</u>		ADDRESS <u>Cameron</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>5 yrs.</u> <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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 <u>12/20/1949</u> , to <u>9/28/1950</u> , that I last saw the deceased alive on <u>9/28/1950</u> , and that death occurred at <u>1:44</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. B. Ompson</u>				23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>9/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Amity Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-4-50</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Mosley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Funeral Home</u>		ADDRESS <u>Cameron</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Robert F. Polak

Licensed Embalmer No. *4727*

P. O. Address. *222 West 3rd
Cameron, 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.