

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35873

State File No.

BIRTH NO. _____ REG. DIST. NO. 525 PRIMARY REG. DIST. NO. 6096 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BUTTMAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENWOOD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAVONIA MO</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>RURAL NEAR LAVONIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL GLENWOOD BROTHERHOOD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>ALVA</u>	
c. (Last) <u>WRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Oct 28, 1874</u>
9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>SCHUYLER CO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>RUBIN WRIGHT</u>	
13b. MOTHER'S MAIDEN NAME <u>LYDIA FOLLOWWELL</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ELEN WRIGHT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS MARTIN CURRENT</u>		ADDRESS <u>LAVONIA 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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain & Hemorrhages</u>			
ANTECEDENT CAUSES (b) <u>Arteriosclerosis</u>			
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>33ix</u>			
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) (Min.) _____		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>Sept-1, 1950</u> , to <u>Oct-29, 1950</u> , that I last saw the deceased alive on <u>Oct-28, 1950</u> , and that death occurred at <u>8-55AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. V. Hart</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Coatsville Mo.</u>	
23c. DATE SIGNED <u>Oct-31-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Oct 31, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JIM TOWN</u>	
24d. LOCATION (City, town, or county) (State) <u>SCHUYLER CO., MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett B. Neal</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1-50</u>		REGISTRAR'S SIGNATURE <u>Everett B. Neal</u> (Licensed Embalmer's Statement on Reverse Side)	

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

Date Received: NOV 7 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-185
Date Filed: NOV 8 1950

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 Lucretia A. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.