

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37331

4858

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linden</u>		0240		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle)		c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 17 - 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 3, 1877</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months   Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter and Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mexico - Mo. O.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Robert Wright</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Effie Wright</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-12-16658</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Effie Wright Linden, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY HEMORRHAGE</u>				<u>3 minutes</u>				
ANTECEDENT CAUSES <u>Primary</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRONCHIOGENIC CARCINOMA</u>				<u>4 months</u>				
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>162*</u>				
19a. DATE OF OPERATION <u>11-17-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>TUMOR ARISING FROM RIGHT UPPER LOBE OF LUNG</u>				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) (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>10 NOVEMBER, 1950</u> , to <u>17 NOV.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>17 Nov.</u> , 19 <u>50</u> , and that death occurred at <u>9:15 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>John H. Mayer Jr.</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>618 PROFESSIONAL BLDG.</u>		23c. DATE SIGNED <u>11-18-50</u>		
24a. BURIAL / CREMATION / REMOVAL (Specify)		24b. DATE <u>Nov. 19, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-18-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomer Sons N. R. C.</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.....

.....  
working under my personal supervision.

Student Embalmer No. 393

Signed John V. Herrick, Jr.  
Student Embalmer

Signed Glenn F. Hill

Licensed Embalmer No. 4586

P. O. Address Rowndale, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.