

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

37836
State File No.

BIRTH NO.		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>5811</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery Township</u>			c. LENGTH OF STAY (in this place) <u>2 years</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles SW Montgomery City</u>				d. STREET ADDRESS (If rural, give location) <u>2 Miles SW Montgomery City</u>				<u>0700</u>	
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Clara</u>		b. (Middle) <u>Dean</u>		c. (Last) <u>Wright</u>		
4. DATE OF DEATH: (Month) (Day) (Year) <u>Nov 11, 1950</u>				5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan 1, 1870</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (State or foreign country) <u>Audrain County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Enoch M. Lafferty</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Moore</u>			14. NAME OF HUSBAND OR WIFE <u>James H. 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond E. Wanjala, Vandalia, Mo.</u>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilatation of ventricle, 2 beat</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Carcinoma of Breast</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>4 yrs</u> <u>2 yrs</u>	
19a. DATE OF OPERATION <u>Nov. 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rt. Breast</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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>8-2</u> , 19 <u>50</u> , to <u>11-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-8</u> , 19 <u>50</u> , and that death occurred at <u>10:45</u> P.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>James V. Helm</u>				(Degree or title) <u>MD. U</u>		23b. ADDRESS <u>New Florence Mo</u>		23c. DATE SIGNED <u>11-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4/17/50</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Waters</u>		ADDRESS <u>Vandalia, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

File No. _____
DISTRICT HEALTH OFFICE No. 4
NOV 17 1950

RECEIVED

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 *Ann B. Gates*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia*

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.