

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4111

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 204 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Carrollton "rural comb"</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Carrollton "rural" Comb</i>	
c. LENGTH OF STAY (in this place) <i>45 years</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <i>WILLIAM</i> (Type or Print)		b. (Middle) <i>FREDRICK</i>	
		c. (Last) <i>WRIGHT</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 30 1951</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 14 - 1871</i>
9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>16</i>	IF UNDER 18 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Williams County, Ohio</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Charles W. Wright</i>		13b. MOTHER'S MAIDEN NAME <i>Sophia Waidler</i>	
14. NAME OF HUSBAND OR WIFE <i>Mr. Leona Wright</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. W. F. Wright</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mitral Insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Infirmities of age</i> DUE TO (c) 2. 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 checked="" 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 <i>Jan 15, 1951</i> to <i>Jan 30, 1951</i> , that I last saw the deceased alive on <i>Jan 28, 1951</i> and that death occurred at <i>8:20 p.m.</i> ; from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. Herbert Calver</i>		23b. ADDRESS <i>Big Creek Cemetery, Rosworth, Mo.</i>	
23c. DATE SIGNED <i>Jan 31/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb. 1 - 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Big Creek Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Rosworth, Mo.</i>
DATE REC'D BY, LOCAL REG. <i>2/1/51</i>	REGISTRAR'S SIGNATURE <i>Wm. Herbert Calver</i>	45	25. FUNERAL DIRECTOR'S SIGNATURE <i>Leopard & Edwards</i>
		ADDRESS <i>Rosworth Mo</i>	

0170
1

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 *Harold J. Edwards* _____

Licensed Embalmer No. *3265* _____

P. O. Address *Bosworth, 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.