

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29431**

FILED SEP 18 1951		REG. DIST. NO. 20		PRIMARY REG. DIST. NO. 5083		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Mound		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mt. Pleasant		0 0 70	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles N. Butler Hvy 71				d. STREET ADDRESS (If rural, give location) R.F.D. 4			
3. NAME OF DECEASED (Type or Print) Joe Reece Wright			4. DATE OF DEATH (Month) (Day) (Year) 9-9-1951				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-8-1914		9. AGE (In years last birthday) 37	# UNDER 1 YEAR Months	# UNDER 1 HR. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Walter R. Wright			13b. MOTHER'S MAIDEN NAME Ethel Sutton		14. NAME OF HUSBAND OR WIFE Mary Wright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walter Wright ADDRESS Butler, Missouri				
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures of skull ANTECEDENT CAUSES Can Accident Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8/16/16						INTERVAL BETWEEN ONSET AND DEATH D.O.A.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 107					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 mi N. of Butler Highway 71 - Butler		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) Bates Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/9/51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Collision			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred about 12:30p m. , from the causes and on the date stated above.							
23a. SIGNATURE John L. Underwood (Degree or title) Coverer				23b. ADDRESS Butler Missouri		23c. DATE SIGNED 9/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-1951	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		24d. LOCATION (City, town, or county) (State) Butler, Missouri		
DATE REC'D BY LOCAL REG. 9-12-51		REGISTRAR'S SIGNATURE Myra Owens		25. FUNERAL DIRECTOR'S SIGNATURE Cuba Underwood ADDRESS Butler Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-17-51 _____

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.

Signed.....
Student Embalmer

Signed Amos T. Hill

Licensed Embalmer No. 4743

P. O. Address Butte, Missouri

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.