

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41246

FILED JAN 12 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>MASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MASCONADE</u>	
b. CITY OR TOWN <u>OWENSVILLE</u>		c. CITY OR TOWN <u>OWENSVILLE</u>	
c. LENGTH OF STAY (in this place) <u>2 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>302 McFadden Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT. RALPH GRAY HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>HARRY D. WRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30. 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Nov 30, 1870</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>T.V. WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WABASH T.V. BRIDGEPORT KY</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Adelia</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Wright-decd</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 AND ADDRESS <u>Mrs. Ralph Gray OWENSVILLE, 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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>15 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>age</u>		
	II. 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 <u>4200</u>		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) (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 Sept., 1948, to Dec., 1951, that I last saw the deceased alive on Dec. 30, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Keller</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>12-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EMERY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>MEXICO Mo.</u>		DATE REC'D BY LOCAL REG. <u>12/31/1951</u>		REGISTRAR'S SIGNATURE <u>Smalley Staller</u> 363	
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul R. Kautzman, Cuba, Mo.</u>					

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

MAR 26 1952

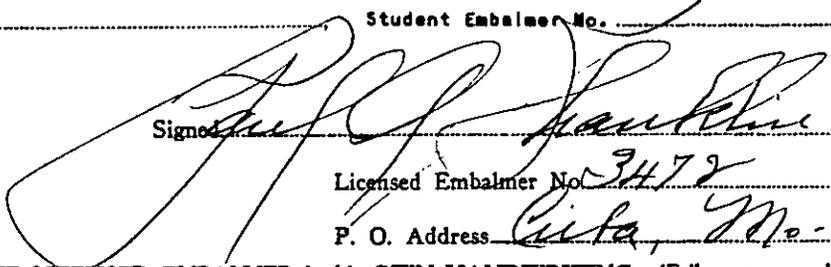
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Student Embalmer No. _____

Signed  _____
Licensed Embalmer No. 3472
P. O. Address Cuba, 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.