

FILED JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3687

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 1

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bloomfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bloomfield</b> <b>1030</b>	
c. LENGTH OF STAY (In this place) <b>3 Years</b>		d. STREET ADDRESS (If rural, give location) <b>Bloomfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bloomfield, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Noah</b> c. (Last) <b>Wright</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan, 7 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 7, 1872</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months   Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. COUNTRY OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>John Wright</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY Nancy Dunger</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Wright</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Connie Wright</b>	
				ADDRESS <b>Bloomfield, Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> <b>3 yrs</b>		
	DUE TO (c)		
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 <b>443X</b>	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?
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22. I hereby certify that I attended the deceased from **Jan 10, 1950**, to **Jan 2, 1952**, that I last saw the deceased alive on **Jan 2, 1952**, and that death occurred at **7:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. James M. D.</b>	(Degree or title)	23b. ADDRESS <b>Bloomfield Mo.</b>	23c. DATE SIGNED <b>Jan 11, 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-9-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bernie, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 11, 1952</b>	REGISTRAR'S SIGNATURE <b>Lose Webber</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Day Funeral Home</b>	ADDRESS <b>Malden, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

**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 J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

**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.