

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8974**

MAR 31 1952

BIRTH NO.		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5662		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, write RURAL and give town) Lewistown		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY (If outside corporate limits, write RURAL and give township) La Belle		0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION Paarie View				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) T.		c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) March 19, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 23, 1862		9. AGE (in years) Months 89 Days 8 Weeks 25	IF UNDER 1 YEAR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lighting rod salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lewis County near LaBelle		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Wright		13b. MOTHER'S MAIDEN NAME Martha Graves		14. NAME OF HUSBAND OR WIFE Nannie J. Wright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ----- NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry Sykes La Belle, Mo.			
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) Influenza ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. senility 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 481X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 March 17, 1952, to March 19, 1952 , that I last saw the deceased alive on March 17, 1952 , and that death occurred at 8 Am. , from the causes and on the date stated above.							
23a. SIGNATURE L. G. Coates (Degree or title)				23b. ADDRESS La Belle Mo		23c. DATE SIGNED March 20, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/21/52	24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery		24d. LOCATION (City, town, or county) (State) La Belle, Missouri		
DATE REC'D BY LOCAL REG. 3-21-52		REGISTRAR'S SIGNATURE P. W. Jennings		161-0 M. O.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Loder La Belle, Mo	

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

0560
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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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John Coder Jr.

Licensed Embalmer No. 4328

P.-O. Address Labelle, 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.