

No. 300
10-48

JUN 4 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **17089**
Registrar's No. **75**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **4264**

1. PLACE OF DEATH a. COUNTY LACLEDE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY LACLEDE	
b. CITY OR TOWN CONWAY MO		c. CITY OR TOWN CONWAY MO	
c. LENGTH OF STAY (in this place) 3 YRS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) N c. (Last) WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) 5 24 52		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 10 1890		9. AGE (in years last birthday) 61		10. IF UNDER 1 YEAR Days 11 Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAFE OWNER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HANNIBAL MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME WILLIAM WRIGHT		13b. MOTHER'S MAIDEN NAME WYNNDOWN		14. NAME OF HUSBAND OR WIFE LENA WRIGHT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 338-19-214 MO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LENA WRIGHT CONWAY MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 443X				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) Conway Laclede MO			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard L. Palmer Coroner		23b. ADDRESS Laborer Mo.		23c. DATE SIGNED 5-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-28-1952		24c. NAME OF CEMETERY OR CREMATORY MT HOPE	
24d. LOCATION (City, town, or county) (State) BELLEVILLE ILL		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO MARSHFIELD			
DATE REC'D BY LOCAL REG. 5-28-1952		REGISTRAR'S SIGNATURE Hilla L. Way			

(Licensed Embalmer's Statement on Reverse Side)

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

530
1

3
1

JAN 6 1953

Received MAY 31 1952
Laclede County Health Unit
File No. 5-52-65
Date Filed JUN 3 1952

JUN 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Rev. Barber

Licensed Embalmer No. 3848

P. O. Address Int. Home

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.