

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2166**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **6009** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Randolph 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Jacksonville Salt River		c. CITY OR TOWN Rural Salt River	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 years		STREET ADDRESS (If rural, give location) Jacksonville RFD #1 0 880	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1 Jacksonville			

3. NAME OF DECEASED (Type or Print) a. (First) RUSSELL b. (Middle) WRIGHT c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-5-1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Woodville Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.F.
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13a. FATHER'S NAME Milton Wright	13b. MOTHER'S MAIDEN NAME Bettie Meyers	14. NAME OF HUSBAND OR WIFE Virginia Mand Wright
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 493-28-9764	17. INFORMANT'S SIGNATURE OR NAME Mrs Russell Wright ADDRESS Jacksonville
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease DUE TO (c) Corony Sclerosis		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **July, 1953**, to **Nov, 1955**, that I last saw the deceased alive on **Nov 5, 1955**, and that death occurred at **3:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. J. Moberly (Degree or title)	23b. ADDRESS Wright, Mo	23c. DATE SIGNED Jan 28 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan 30-1955	24c. NAME OF CEMETERY OR CREMATORY Felix Cemetery	24d. LOCATION (City, town, or county) (State) Randolph County MO
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DATE REC'D BY LOCAL REG. 1-30-55	REGISTRAR'S SIGNATURE Calverlowe 269-0	25. FUNERAL DIRECTOR'S SIGNATURE Center Funeral Home ADDRESS Moberly Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....

Larry R Carter

Licensed Embalmer No. *490*

P. O. Address *Moberly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.