

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13061

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <i>M^o Donald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ark</i> b. COUNTY <i>Wash.</i> c. CITY (If outside corporate limits, write BUREAU and give township) <i>999</i>	
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <i>Pineville</i>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <i>Prairie Grove</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Carson</i> c. (Last) <i>Wainright</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 28 1949</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 27 1907</i>
9. AGE (In years last birthday) <i>42</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Trucking</i>	11. BIRTHPLACE (State or foreign country) <i>Monett, Mo.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>William Wainright</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Carson</i>	
13c. NAME OF HUSBAND OR WIFE <i>Christine Wainright</i>		14. NAME OF HUSBAND OR WIFE	
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. <i>442-03-492</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Christine Wainright</i>		ADDRESS	
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <i>8,8224</i> <i>3g</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>SHIP Run of 1 Karbon</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Pineville M^o Donald M^o</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2-28-49 2 P.M.</i>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Truck Wreck</i>	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>H. W. Humphrey</i> (Degree or title) <i>Coroner</i>		23b. ADDRESS <i>Pineville Mo.</i>	
23c. DATE SIGNED <i>4-6-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar 31</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Prairie Grove</i>		24d. LOCATION (City, town, or county) (State) <i>Prairie Grove Ark.</i>	
DATE REC'D BY LOCAL REG. <i>4-20-49</i>		REGISTRAR'S SIGNATURE <i>423</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Edmund Price</i>		ADDRESS <i>Prairie Grove Ark.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 449-505

Date Filed 4-28-49

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.

Signed Mayne Humphrey

Licensed Embalmer No. 4262

Signed _____
Student Embalmer

P. O. Address Princeton, N.J.

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.