

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26559

State File No.

FILED SEP 1 1949

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 3423 Registrar's No. 14

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salem</u> 35	
c. LENGTH OF STAY (In this place) <u>7 mos</u>		d. STREET ADDRESS (If rural, give location) <u>U D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W</u> c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>March 7, 1899</u>
9. AGE (In years) (Months) (Days) <u>50 4 19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Rector, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Charles W. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Docia Wright</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie Wright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Wright Senathin</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart trouble</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4341</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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?			
22. I hereby certify that I attended the deceased from <u>7-19</u> , 19 <u>49</u> , to <u>7-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-19</u> , 19 <u>49</u> , and that death occurred at <u>7:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Spidel, M.D.</u>		23b. ADDRESS <u>Serrath MO</u>	
23c. DATE SIGNED <u>7-26-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>7/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship</u>	
24d. LOCATION (City, town, or county) (State) <u>Paragould Ark Rural</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. German</u>	
DATE REC'D BY LOCAL REG. <u>8-20-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. H. Lanier</u>	
ADDRESS <u>Hay Li Mo</u>		(Licensed Embalmer's Statement on Reverse Side)	

RECEIVED

AUG 29 194

District Health Office No. 2,

District File Number 849-221

Date Filed _____

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 John H. German

Licensed Embalmer No. 1355

P. O. Address Stuyvesant

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.