

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

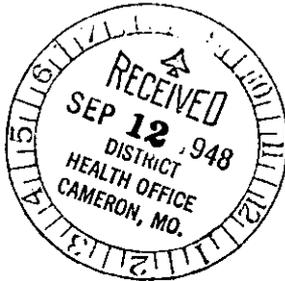
State File No. 27345

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

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede</u>	
c. LENGTH OF STAY (in this place) <u>7 day</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Le Roy</u> b. (Middle) <u>Smith</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15, 1892</u>
9. AGE (In years last birthday) <u>57</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>	
11. BIRTH PLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis W. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Taubman</u>	
14. NAME OF HUSBAND OR WIFE <u>Gertrude Wright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or cause of service) <u>Yes WW I</u>	
16. SOCIAL SECURITY NO. <u>488-14-8144</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Wright, Laclede Mo.</u> ADDRESS <u>Laclede Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>	
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)	
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>Aug 29, 1949</u> , to <u>Aug 30, 1949</u> , that I last saw the deceased alive on <u>Aug 30, 1949</u> , and that death occurred at <u>10:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John R. Dixon M.D.</u>		23b. ADDRESS <u>Brookfield, Mo.</u>	
23c. DATE SIGNED <u>9-1-49</u>		24a. BURIAL (CREMATION REMOVAL) (Specify) <u>Burial</u>	
24b. DATE <u>9-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Laclede Missouri</u>		DATE REC'D BY LOCAL REG. <u>9-7-49</u>	
REGISTRAR'S SIGNATURE <u>H. B. Erwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1 Brothers General Home</u>	
ADDRESS <u>167</u>		ADDRESS <u>Laclede, Mo.</u>	

SEP 20 1948



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 W.P. Wright

Licensed Embalmer No. 4655

P. O. Address Leeds, 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.