

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43633**

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 4			
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clinton					
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Cameron, Mo		0201			
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp				d. STREET ADDRESS (If rural, give location) 407 East 5th					
3. NAME OF DECEASED (Type or Print) Joseph			a. (First)		b. (Middle)		c. (Last) Wright		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
12 - 31 - 49									
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept 29-1865		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Kingston, Ontario		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Owen Wright			13b. MOTHER'S MAIDEN NAME Ann Crowley			14. NAME OF HUSBAND OR WIFE Mr. P. J. Hard, Jr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. P. J. Hard, Jr.				ADDRESS Cameron	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 0-7-1	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Generalized arteriosclerosis					
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) m.		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 12-31, 1949 , to 12-31, 1949 , that I last saw the deceased alive on 12-31, 1949 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) St. Vetterton M.D.				23b. ADDRESS Cameron Mo				23c. DATE SIGNED 1-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 2 - 50		24c. NAME OF CEMETERY OR CREMATORY Kenney Cemetery		24d. LOCATION (City, town, or county) (State) Caldwell Co. Mo			
DATE REC'D BY LOCAL REG. 1-9-50		REGISTRAR'S SIGNATURE Wmfred W Moser		340		25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home			
						ADDRESS Cameron			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 29 1950



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 *George J. Trammell*

Licensed Embalmer No. *4425*

P. O. Address *224 W 4th*

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.)

Cameron, Missouri

If this body is not embalmed, fact should be so stated above.