

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5172

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 36

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin, Mo.
 c. LENGTH OF STAY, (in this place) 1 1/2 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Jasper
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction, Missouri
 d. STREET ADDRESS (If rural, give location) 718 So. Roney St.,

3. NAME OF DECEASED
 a. (First) Clara b. (Middle) Ann c. (Last) Wright
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
 1-20-1950

5. SEX F. **6. COLOR OR RACE** W. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** D. **8. DATE OF BIRTH** 6-5-1866
9. AGE (In years last birthday) 83 **IF UNDER 1 YEAR** Months 7 **IF UNDER 1 HR.** Days 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
 Canton, Ohio

12. CITIZEN OF WHAT COUNTRY?
 USA

13a. FATHER'S NAME
 William Wright

13b. MOTHER'S MAIDEN NAME
 Harriet E. Martin

14. NAME OF HUSBAND OR WIFE
 Henry Roshon

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 ADDRESS
 Carol Freese Carl Junction, Mo.

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) Bronchial Pneumonia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chronic Valvular Heart 4 days
 DUE TO (c) Right decompensation, general edema 2 yrs
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 4214

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5 1949, to Jan 20, 1950, that I last saw the deceased alive on Jan 20, 1950, and that death occurred at 2:27 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
 E. J. Myers M.D.

23b. ADDRESS
 708 Tusco Bldg Joplin Mo

23c. DATE SIGNED
 Jan 21 1950

24a. BURIAL, CREMATION, REMOVAL (Specify)
 Burial

24b. DATE
 1-23-1950

24c. NAME OF CEMETERY OR CREMATORY
 Carl Junction Cemetery

24d. LOCATION (City, town, or county) (State)
 Carl Junction, Missouri

DATE REC'D BY LOCAL REG.
 1-24-50

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
 O. Roney Carl Jct., Mo.

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

475
0

RECEIVED 2-1-50
Jasper County Health Office

County File Number 50-1-65

Date Filed 2-18-50

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

Jack C. Simpson

Licensed Embalmer No.

4647

P.O. Address

Webb City, 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.