

FILED JUN 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. **17448**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY OR TOWN <b>Macon</b>		c. CITY OR TOWN <b>Rural Hudson Mo</b>	
c. LENGTH OF STAY (In this place) <b>9 Days</b>		d. STREET ADDRESS (If rural, give location) <b>RFD # 2 Macon, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Samartin Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rhod</b> b. (Middle) <b>Aurillius</b> c. (Last) <b>Wright</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 7 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Mar. 21, 1874</b>		9. AGE (In years last birthday) <b>76</b>		10. IF UNDER 1 YEAR (Months) (Days) <b>2 17</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>owner</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Henry M. Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Verilla Haislip</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Cora Dunham</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>St. Paul</b>	
				ADDRESS <b>Minn.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4222</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Nov 18**, 19**18**, to **May 7**, 19**50**, that I last saw the deceased alive on **May 7**, 19**50**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. L. Hailan M.D.</b> (Degree or title)		23b. ADDRESS <b>Clarence Mo</b>		23c. DATE SIGNED <b>May 11 1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 9, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood</b>	
24d. LOCATION (City, town, or county) (State) <b>Macon Mo.</b>					
DATE REC'D BY LOCAL REG. <b>5/19/50</b>		REGISTRAR'S SIGNATURE <b>Ruth McGreeley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stephen E. Gooding</b> ADDRESS <b>Macon Mo.</b>	

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

RECEIVED 6-2-50

MACON COUNTY HEALTH DEPARTMENT

County File No. 6-50-117

Date Filed 6-3-50

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 Charles L. Sutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.