

FILED JUL 29 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22933

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>5745</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Breckenridge Rural</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2 1/2 Mile West on Clyde Tomlin Farm</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Breckenridge Rural</u> d. STREET ADDRESS (If rural, give location) <u>Rural 2 1/2 Mile West</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>D.</u> c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>16</u> (Year) <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>		8. DATE OF BIRTH <u>Sept. 11, 1883</u>		9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Breckenridge, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Lewis W. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Matildia Raubian</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clyde Tomlin Breckenridge</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>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Minute</u> <u>4201</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) (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 <u>June 16, 1950</u> , to <u>June 16, 1950</u> , that I last saw the deceased alive on <u>June 16, 1950</u> , and that death occurred at <u>1:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Wilbeck</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>Breckenridge Missouri</u>		23c. DATE SIGNED <u>6/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-20-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>R. J. Trammell</u>		ADDRESS <u>Breckenridge, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1130



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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed George R. [Signature]

Licensed Embalmer No. 4425

P. O. Address #98 Breckenridge

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.