

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32352

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 78

20

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

1. PLACE OF DEATH a. COUNTY <b>SHELBY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>SHELBY</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLARENCE</b>		c. LENGTH OF STAY (in this place) <b>60yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>CLARENCE</b>		1020 0
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERBERT</b> b. (Middle) <b>AGNEW</b> c. (Last) <b>WRIGHT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 8 1950</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 7, 1859</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>90 10 1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAWYER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	11. BIRTHPLACE (State or foreign country) <b>MORNING SUN, IOWA</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13. FATHER'S NAME <b>JOHN WRIGHT</b>		13b. MOTHER'S MAIDEN NAME <b>REBECCA HAND</b>	14. NAME OF HUSBAND OR WIFE <b>MARY F. WRIGHT</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Wright</b>		
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) <b>Mitral Regurgitation</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>  - ANTECEDENT CAUSES DUE TO (b) <b>Chronic Pulmonary Congestion</b> <b>2 years</b> DUE TO (c) <b>Chronic Bright's Disease</b> <b>20 years?</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>592X</b>		
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) (Min.)		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 <b>Dec. 1942</b> to <b>Sept. 6 1950</b> , that I last saw the deceased alive on <b>Sept. 6, 1950</b> , and that death occurred at <b>6 A. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>B. K. Edrington D.O.</b>		23b. ADDRESS <b>Clarence, Mo.</b>		23c. DATE SIGNED <b>9/9/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/10/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maplewood</b>	24d. LOCATION (City, town, or county) (State) <b>CLARENCE Mo</b>		
DATE REC'D BY LOCAL REG. <b>Sept-14-50</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	419	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hamilton Ind. Co. Clarence Mo</b>	

SEP 18 1950  
Date Received  
DISTRICT HEALTH OFFICE #9  
District File Number 9-50-  
Date Filed SEP 19 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

*Narcis V. Garner*

Licensed Embalmer No.

3720

P. O. Address

*Monroe 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.