

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. 19184

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <i>Stone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Massachusetts</i> b. COUNTY <i>Stone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Crane</i>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Crane</i> 104.0	
		d. STREET ADDRESS (If rural, give location) <i>0</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <i>John</i>	b. (Middle) <i>J</i>	c. (Last) <i>Wright</i>	<i>May 9 1951</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb 9-1866</i>	9. AGE (In years last birthday) <i>85</i>	10. MONTHS <i>3</i>	11. DAYS <i>0</i>	12. IF UNDER 14 REG. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Jewelry</i>		11. BIRTHPLACE (State or foreign country) <i>Woburn Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	

13a. FATHER'S NAME <i>Spencer P. Wright</i>	13b. MOTHER'S MAIDEN NAME <i>Miranda Branstetter</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>A. L. Wright Crane Mo.</i>

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) <i>Serious</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis, Scurvy</i>		
	DUE TO (c) <i>Emphysema malacia</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>332 X</i>	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 *Jan*, 1948, to *May 9*, 1951, that I last saw the deceased alive on *May 9*, 1951, and that death occurred at *5:45 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dred P. Minnick M.D.</i>	23b. ADDRESS <i>Crane Mo.</i>	23c. DATE SIGNED <i>5-12-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5/11/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>
		24d. LOCATION (City, town, or county) (State) <i>Crane Mo.</i>

DATE REC'D BY LOCAL REG. <i>May 12-51</i>	REGISTRAR'S SIGNATURE <i>Mrs. J. E. Brassard</i> 317	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>George H. Manlove Crane Mo.</i>
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per *Gene Mulvey* Licensed Embalmer's Statement on Reverse Side)

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

40  
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DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED MAY 31 1951

Dist. File 551-9237

Date Filed 5-21-51

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, ~~and~~ .....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Crane, 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.