

FILED JUL. 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24055

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4404 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Humansville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Humansville</b>	
c. LENGTH OF STAY (In this place) <b>33 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>?</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Bruce</b>	b. (Middle) <b>Claude</b>	c. (Last) <b>Wright</b>	6/24/51		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/31/92</b>	9. AGE (In years last birthday) <b>58</b>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dentist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dentistry</b>		11. BIRTHPLACE (State or foreign country) <b>Lowry City Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Albert S Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Barnett</b>		14. NAME OF HUSBAND OR WIFE <b>Lava Wright</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) * <b>*</b>		16. SOCIAL SECURITY NO. <b>*</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lava Wright Humansville Mo.</b>	
(If yes, give war or dates of service) *				ADDRESS	

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>Coronary artery Thrombosis</b>			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) _____ DUE TO (c) _____				
		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 <b>4201</b>		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)		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 **5/22**, 1951, to **6-24**, 1951, that I last saw the deceased alive on **6-20**, 1951, and that death occurred at **11: P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R.G. Robinson MD</b>		23b. ADDRESS <b>Humansville Mo.</b>		23c. DATE SIGNED <b>6/25/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/26/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Humansville Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Humansville, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>June 26 1951</b>		REGISTRAR'S SIGNATURE <b>Ralph Gordon per Jewell Gordon</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Primm Funeral Home Humansville</b>	
				ADDRESS	

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 5 1951

Dist. File 227-1322

Date Filed 7-13-51

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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed O. H. Bespivith

Licensed Embalmer No. 3937

P. O. Address Hammondville 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.