

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36341

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5106 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, give name and location) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give (City, townships) township) <u>15 miles West Warsaw</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW 00871</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EARL</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>WRIGHT JR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 30 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 22, 1922</u>	9. AGE (In years last birthday) <u>29</u>	10. UNDER 1 YEAR <u>1</u>	11. UNDER 12 HOURS <u>8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Balling, Stephens, auto parts</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>auto parts</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Earl Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Ima Eickhoff</u>	14. NAME OF HUSBAND OR WIFE <u>Paula Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>495-10-8773</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paula Wright</u> ADDRESS <u>Warsaw</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning due to airplane accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in Lake of Barkers, one fourth mile north of Lake side resort</u> DUE TO (c) <u>8866ix</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>OK 39</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>School Barkers</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Benton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 30 57 2:45 E.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>airplane accident (hit R.E.A. line)</u>
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22. I hereby certify that I attended the deceased from never, 19___, to never, 19___, that I last saw the deceased alive on never, 19___, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G.W. Snowland III, Coroner</u>	23b. ADDRESS <u>Cole Camp, Mo.</u>	23c. DATE SIGNED <u>12-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Camp Benton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 2, 1951</u>	REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F Reser</u> ADDRESS <u>Warsaw</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 10 1951

DEC 17 1951

DEC 18 1951

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 John F. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.