

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30545**

FILED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **6197** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY TEXAS 1070		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE UNKNOWN b. COUNTY 1070	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burdine	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) **CHARLIE** b. (Middle) _____ c. (Last) **WRIGHT** 4. DATE OF DEATH (Month) (Day) (Year) **August 11 1952**

5. SEX **Male** 6. COLOR OR RACE **Black** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **MAR. 7-1920** 9. AGE (In years last birthday) **32** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **UNKNOWN** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **UNKNOWN 9** 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **UNKNOWN** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **JORENE WRIGHT Woodland**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **434-30-6148** 17. INFORMANT'S SIGNATURE OR NAME **Mississippi** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **GUNSHOT**

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) **shot in head with 38 pistol E981X**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **38 pistol E981X**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Homicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **farm home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Cabool Gas mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Aug. 11-1952-8P** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Gaylord V. Elliott 3 (Coroner)** 23b. ADDRESS **Cabool mo** 23c. DATE SIGNED **Aug 13 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **8/18/52** 24c. NAME OF CEMETERY OR CREMATORY **CABOOL CEM ET.** 24d. LOCATION (City, town, or county) (State) **CABOOL mo**

DATE REC'D BY LOCAL REG. **8-21-52** REGISTRAR'S SIGNATURE **Gaynell Cunningham** 325-0- _____ 25. FUNERAL DIRECTOR'S SIGNATURE **James L. Steutz** ADDRESS **Cabool**

(Licensed Embalmers' Signatures on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed *James L. Gentry*
.....
Licensed Embalmer No. *4718*

P. O. Address. *Calool, 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.