

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

DR. MADDUX  
28373  
State File No. \_\_\_\_\_

FILED SEP 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 835

<b>1. PLACE OF DEATH</b> a. COUNTY <u>GREENE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHN'S HOSPITAL</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> d. STREET ADDRESS (If rural, give location) <u>1210 WEST WALNUT ST.</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>F.</u> c. (Last) <u>WRIGHT</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>AUG, 31, 1953</u>			
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>MAR. 26, 1884</u>	<b>9. AGE</b> (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 YRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>OFFICE MANAGER OF FINKBINER'S</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (State or foreign country) <u>LOWERY CITY, MISSOURI</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S. A.</u>

<b>13a. FATHER'S NAME</b> <u>POLK WRIGHT</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>EMMA HUEBNER</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>OLGA WRIGHT</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>OLGA WRIGHT</u> <u>SPRINGFIELD, MO</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteogenic Sarcoma Lumbar spine</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 months</u> <u>6 months</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>none</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>none</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

22. I hereby certify that I attended the deceased from 2-21, 1949, to 8-31, 1953, that I last saw the deceased alive on 8-31, 1953, and that death occurred at 4:51 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>William J. Park, M.D.</u>	<b>23b. ADDRESS</b> <u>609 Cherry, Springfield, Mo.</u>	<b>23c. DATE SIGNED</b> <u>9/1/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>9/21/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>GREENLAWN</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>9-2-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edith Williamson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>HERMAN LOHMEYER</u> <u>SPRINGFIELD, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 21 1959

MAR 3

SEP 28 1958

SEP 21 1959

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 *Lucien T. Swadley*

Licensed Embalmer No. *4818*

P. O. Address. *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.