No. 300
10-48

FILED OCT 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36504

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place): 5 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon 0610
d. STREET ADDRESS (If rural, give location): Lake View Rest Home

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle):
c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 9, 1873
9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Varied
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Wright
13b. MOTHER'S MAIDEN NAME: Caroline Pryce
14. NAME OF HUSBAND OR WIFE: No.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S SIGNATURE OR NAME: Mabel A. Bailey
ADDRESS: 1136-26th St. Moline, Ill.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis (Sepsis) — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old Flu infection — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema & Pneumosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4819
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 15, 1953, *to* Oct. 16, 1953, *that I last saw the deceased alive on* Oct. 15, 1953, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Durden D.O. (Degree or title)
23b. ADDRESS: Macon
23c. DATE SIGNED: 10/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rock Island
24d. LOCATION (City, town, or county) (State): Rock Island Ill.

DATE REC'D BY LOCAL REG.: 10/23/53
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE: Lester Hutton
ADDRESS: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-27-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.53.177
Date Filed 10.27.53

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon Mo.

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

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